



National Institute of Allergy and Infectious Diseases

Update

October 13, 1988

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The National Institute of Allergy and Infectious Diseases has established a new program that will greatly expand clinical trials of experimental drugs in children with AIDS. The Institute has awarded \$8.8 million to 11 medical centers that will join NIAID's nationwide network of 34 AIDS Clinical Trials Units now conducting AIDS treatment research.

Since 1981, more than 1100 children in the United States have been diagnosed with AIDS, and two or three times that many are believed to be infected with the human immunodeficiency virus (HIV), the cause of AIDS. Nearly all pediatric AIDS cases are caused by transmission of HIV from pregnant women to their unborn children.

In commenting on the awards, NIAID Director Anthony S. Fauci, M.D., said, "AIDS is an increasingly grave threat to children in the United States and in many other countries. The impact of pediatric AIDS on families is devastating, and the growing numbers of children infected with HIV are straining medical and social services in some cities. Through the establishment of these Pediatric AIDS Clinical Trials Units, we hope to speed progress in finding effective methods of treating HIV infection in children."

The AIDS Clinical Trials Units and their affiliated institutions, together with NIAID's AIDS Program and a center for data management and analysis, make up a consortium called the AIDS Clinical Trials Group (ACTG). ACTG members collaborate in the evaluation of innovative and high priority therapies for HIV infection and AIDS-related opportunistic

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infections and cancers. Two previously funded units, at Children's Hospital, Boston, and the University of Medicine and Dentistry of New Jersey, Newark, are designated pediatrics units.

"By establishing units specifically devoted to pediatric AIDS research," Dr. Fauci said, "we can address the unique needs of this population." He said that pediatric AIDS differs from HIV-related disease in adults in several respects, and treatment approaches must be tailored to these special characteristics.

Like adults, children with AIDS develop life-threatening opportunistic infections. Such infections are caused by other viruses, bacteria, parasites, or fungi that are usually fought off successfully by people whose immune systems are functioning properly. Children rarely have the AIDS-related cancers seen in adults with HIV infection. However, HIV-infected children typically develop severe, frequently recurring bacterial infections because their immune systems are unable to manufacture specific antibodies.

During the past two years, ACTG investigators have been conducting several clinical trials of experimental therapies in HIV-infected children with symptoms of AIDS. They are evaluating the effectiveness of the antiviral drug AZT in countering HIV activity and intravenous gamma globulin in reducing bacterial infection. The pediatric units will conduct studies of promising new experimental therapies as they become available.

In preparation for possible early intervention studies, the units are expected to develop ways of identifying HIV infection in fetuses and infants. Commonly available tests do not distinguish between antibodies the child generates against HIV infection and antibodies transmitted from the mother that will eventually disappear. Recently, scientists have reported on a new technique, still in the research stage, that can aid in distinguishing between true and apparent infection in babies born to infected mothers.

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(See attached list of investigators)

The new Pediatric Clinical Trials Units are headed by the following investigators:

William Borkowsky, M.D., Bellevue Hospital Center, New York, N.Y.

Yvonne Bryson, M.D., University of California/Los Angeles Center for Health Sciences

Anne Gershon, M.D., The Presbyterian Hospital/Columbia-Presbyterian Medical Center, New York, N.Y.

John Modlin, M.D., The Johns Hopkins University, Baltimore, Md.

Steven Pelton, M.D., Boston City Hospital, Boston, Mass.

Henry Sacks, M.D., Mount Sinai Medical Center, New York, N.Y.

Gwendolyn Scott, M.D., University of Miami School of Medicine, Miami, Fla.

William Shearer, M.D., Baylor College of Medicine, Houston, Tex.

Stephen Spector, M.D., University of California/San Diego Medical Center

Diane Wara, M.D., University of California/San Francisco, Calif.

Ram Yogev, M.D., Children's Memorial Medical Center, Chicago, Ill.

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