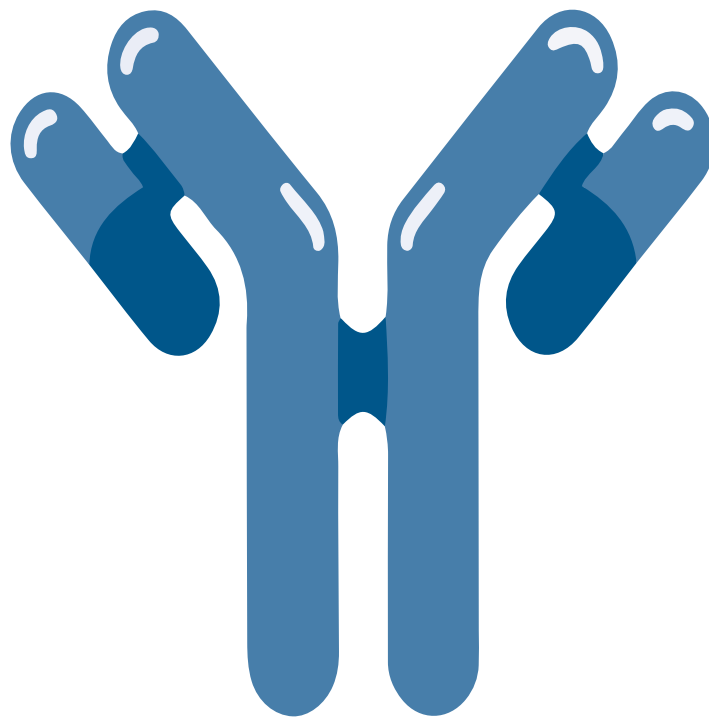




POTENTIAL FUTURE OPTIONS FOR HIV PREVENTION IN BABIES



Many babies still get HIV each year.

In the year 2022,
130,000 babies
from around the world
acquired HIV.



This accounted for **10% of**
all new HIV infections.



Of these, about **109,000**
occurred in the **African**
regions of Western, Central,
Eastern, and Southern Africa.



Many of the babies living with HIV acquire it right
before, during, after birth, and during
breastfeeding in what is called **peri- and**
post-natal transmission.



The available HIV prevention options for babies work to
prevent HIV transmission and the **standard of care varies**
by country. Despite these interventions, **new HIV**
infections in babies continue to occur.

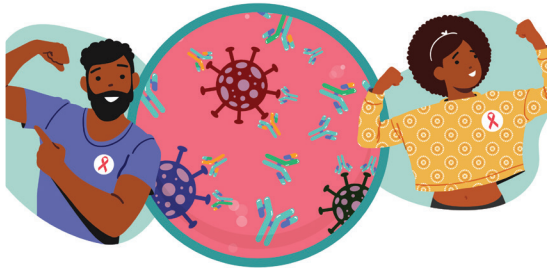


HIV in babies continue to occur because **current**
prevention options do not suit all people's
needs or circumstances, and also due to
challenges at the country level.



Medical researchers are working on **new options** to
prevent HIV in babies that offer **more choices** for
pregnant and breastfeeding individuals to protect their
babies. One of these new options is **broadly neutralizing**
antibodies (bnAbs).

Antibodies are specific proteins that can **attach to a virus with the aim of preventing it from multiplying**. If a virus gets in your body, antibodies respond by attaching to the virus, blocking it from causing infection and multiplying, this is also called **neutralizing**.



Powerful antibodies were discovered in some people living with HIV after they had lived with HIV for a long time. These neutralizing antibodies were able to **block multiple different strains of HIV**, resulting in the name **broadly** neutralizing antibodies.

Medical researchers use the information from **naturally occurring antibodies as models** to create look-alike antibodies in the lab. These **copied antibodies can also block HIV**. The virus itself is not part of these products, so there is no chance of getting HIV from the antibodies.



Medical researchers have discovered that more than one kind of antibody can have an advantage in blocking the HIV virus, so they have **combined 2 or more antibodies** to provide broader coverage of **different types of HIV**.

HIV broadly neutralizing antibodies **could be another option to protect babies from HIV** by giving them the antibodies to fight HIV directly if they are exposed to it **during birth and breastfeeding**.



There are trials that have shown that **bnAbs are safe in adults and babies**. There is also evidence from the Antibody-Mediated Prevention (AMP) study that **a specific bnAb could prevent infection with specific HIV strains in adults**. There is currently no bnAb trial that has shown bnAbs work to prevent HIV in babies.



Research is currently underway to prepare a bnAbs trial in babies to see if they work to prevent HIV. As we approach a new trial to investigate bnAbs in babies, there are important questions we need to answer from community representatives, pregnant, and breastfeeding people.

We hope to address questions such as **how frequently** bnAbs can be given, **how long they last**, and whether they effectively **prevent HIV transmission**. Medical researchers are aiming for a product that could be given via injection at birth, and about every 3 months as needed **during the breastfeeding period**.



Developing **new HIV prevention products** is an important way to reduce these infections. Let's all work together to stop HIV as a public health threat, for the safety and health of our children, who are our future.

For more information, please refer to www.iavi.org or email community@iavi.org.

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