

Chapter No. 2126  
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***SENATE***  
***CONCURRENT RESOLUTION***  
***No. 578***

Originated in Senate *Liz Welch* Secretary

SENATE CONCURRENT RESOLUTION NO. 578

A CONCURRENT RESOLUTION RECOGNIZING AND PAYING TRIBUTE TO PEDIATRIC HIV SPECIALIST DR. HANNAH GAY AND THE TEAM OF RESEARCHERS AT THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER (UMMC) AND JOHNS HOPKINS CHILDREN'S CENTER FOR DESCRIBING THE FIRST "FUNCTIONAL HIV CURE" IN AN INFANT.

WHEREAS, doctors announced on March 3, 2013, that a baby had been cured of an HIV infection for the first time, a startling development that could change how infected newborns are treated and sharply reduce the number of children living with the virus that causes AIDS; and

WHEREAS, a team of researchers from the University of Mississippi Medical Center, Johns Hopkins Children's Center and the University of Massachusetts Medical School describe the first case of a "functional cure" in an HIV-infected infant. Pediatric HIV Specialist Hannah Gay, M.D., Associate Professor of Pediatrics at the University of Mississippi Medical Center, provided treatment to the baby. A report on the case was presented on March 3, 2013, at the 20th Conference on Retroviruses and Opportunistic Infections in Atlanta. Johns Hopkins Children's

Center Virologist Deborah Persaud, M.D., lead author on the report, and University of Massachusetts Medical School Immunologist Katherine Luzuriaga, M.D, headed a team of laboratory investigators; and

WHEREAS, it was an HIV-positive mother from rural Mississippi who gave birth to the little girl who would go down in history as only the second person to have been cured of the virus. "Part of the problem comes from the stigma attached to HIV, which can stop many from seeking treatment," said Deborah Konkle-Parker, an Associate Professor in the University of Mississippi Medical Center's Division of Infectious Diseases, and the mostly rural settings of the state hinder access to care. The baby, born in rural Mississippi, was treated aggressively with antiretroviral drugs starting around 30 hours after birth, something that is not usually done. If further study shows that this works in other babies, it will be recommended globally; and

WHEREAS, the United Nations estimates that 330,000 babies were newly infected in 2011, the most recent year for which there is data, and that more than 3,000,000 children globally are living with HIV; and

WHEREAS, the mother arrived at a rural hospital in the fall of 2010 already in labor and gave birth prematurely. She had not seen a doctor during the pregnancy and did not know she had HIV. When a test showed the mother might be infected, the hospital transferred the baby to the University of Mississippi Medical

Center, where it arrived at about 30 hours old. Dr. Hannah B. Gay ordered 2 blood draws an hour apart to test for the presence of the virus' RNA and DNA. The tests found a level of virus at about 20,000 copies per milliliter, which is low for a baby. Typically a newborn with an infected mother would be given one or two drugs as a prophylactic measure. But Dr. Gay said that based on her experience, she immediately used a three-drug regimen aimed at treatment, not prophylaxis, not even waiting for the test results confirming HIV infection. Virus levels rapidly declined with treatment and were undetectable by the time the baby was a month old. That remained the case until the baby was 18 months old, after which the mother stopped coming to the hospital and stopped giving the drugs. When the mother and child returned 5 months later, Dr. Gay expected to see high viral loads in the baby. But the tests were negative. Suspecting a laboratory error, she ordered more tests. "To my greater surprise, all of these came back negative," Dr. Gay said. One hypothesis is that the drugs destroyed the virus before it could establish a hidden reservoir in the baby; and

WHEREAS, despite the promise this approach holds for infected newborns, the researchers say preventing mother-to-child transmission remains the primary goal. "Prevention is the best cure, and we already have proven strategies that can prevent 98% of newborn HIV infections by identifying and treating HIV-positive pregnant women," says Dr. Gay. The research was funded by the

National Institutes of Health and by the American Foundation for AIDS Research. "I'm glad that this happened in the State of Mississippi because Mississippi needs every boost it can get to its reputation," Dr. Gay said. "But this research is bigger than this one child, the University Medical Center or the state. I hope it will point us in the right direction to find a cure we can consistently apply to other babies worldwide"; and

WHEREAS, it is with great pride that we honor the enormous medical energy of the University of Mississippi Medical Center and its research team for this "medical first" and whose prompt administration of antiretroviral treatment to the infant likely led to the HIV cure:

NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE OF MISSISSIPPI, THE HOUSE OF REPRESENTATIVES CONCURRING THEREIN, That we do hereby recognize and pay tribute to Pediatric HIV Specialist Dr. Hannah B. Gay, M.D., Associate Professor of Pediatrics and the team of researchers at the University of Mississippi Medical Center (UMMC) and Johns Hopkins Children's Center for describing the first "functional HIV cure" in an infant as reported on March 3, 2013, and extend our congratulations on this landmark event.

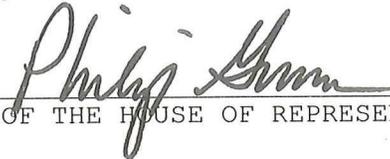
BE IT FURTHER RESOLVED, That this resolution be presented to

Dr. Gay and the CEO of the University of Mississippi Medical Center, and made available to the Capitol Press Corps.

ADOPTED BY THE SENATE  
March 18, 2013

  
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PRESIDENT OF THE SENATE

ADOPTED BY THE HOUSE OF REPRESENTATIVES  
March 22, 2013

  
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SPEAKER OF THE HOUSE OF REPRESENTATIVES