

Baptist Doctor's 'Gutsy' Move Led to Baby's Cure From HIV

The doctor who cured an HIV-infected baby for the first time is happier talking to children than to adults and is finding all the attention since the news came out a little overwhelming.

Dr. Hannah Gay and colleagues Dr. Katherine Luzuriaga of the University of Massachusetts and Dr. Deborah Persaud of Johns Hopkins University in Baltimore reported on the child's case at a medical meeting in Atlanta on Sunday.

"The breakthrough has been exciting and I'm very hopeful that that's going to lead to future research that will give us some answers," said Gay, a Mississippi pediatrician and soft-spoken mother of four adult children.

But the attention is difficult for a woman "much more comfortable talking to children than adults," said her husband, Paul Gay. "She didn't anticipate this kind of explosion of attention."

Dr. Gay, a 59-year-old native of Jackson, Miss., likes to spend time designing needle points, singing in her church choir and reading theology or medical literature when she's not working 12-hour days treating patients, in a state with the nation's highest poverty rate.

"She is the most unlikely person in the world to be getting this kind of international attention, really," said Jay Richardson, her former pastor at the Highland Colony Baptist Church. "You don't ever hear her talking about herself or trying to promote herself in any way. She's a quiet, humble person. Extremely intelligent. Very committed to her faith. Very involved in her church. Very committed to teaching children the bible."

Except for six years working in Ethiopia as a missionary, Gay has spent the bulk of her academic and professional career at the University of Mississippi, where she received her undergraduate and medical degrees and met her husband of 37 years. She has worked the better part of her career at the university's medical center serving the state's youngest victims of HIV.

During that time, Gay has published several articles about ways to keep mothers from passing HIV infection to their babies and participated in the federally sponsored Pediatric AIDS Clinical Trials Group, which studied the use of the aggressive treatment of children who are at high risk of infection.

Her daughter Ruth Gay Thomas says as an AIDS specialist her mother has had to fight the battles of her patients, overcoming access to healthcare and the stigma that comes along with being infected with HIV in the United States.

"She practices compassion and huge, unimaginable amounts of patience with her patients and their families," Thomas said. "She really has to embody a whole lot more than just the smart doctor that knows the right medications to give."

To treat her own rheumatoid arthritis, Gay takes medicine that affects her immune system. "She has that in common with her patients, but it's been a problem because with her compromised immune system, she can't have as much of a hands-on touching of her patients that was always so satisfying for her," her husband said.

When a rural hospital in Mississippi delivered a premature baby girl in July 2010 from a mother who had just tested positive for HIV during labor, it was only natural that they would turn to Gay. The child's mother had not received any prenatal care, nor had she gotten any treatment for her HIV infection, putting the baby at high risk of becoming infected.

Gay chose to start the baby on the full treatment regimen of three potent drugs when she was just 30 hours old, even before the child's infection was confirmed.

It was a bold move. Most babies exposed to HIV in the womb or during labor would have been given a six-week course of one or two drugs intended to reduce the risk of acquiring infection until tests could confirm she was infected.

"The doctor made a judgment call that the risks for this baby were so high that they were going to assume the baby was infected," said Dr. Anthony Fauci, director of the National Institutes of Allergy and Infectious Diseases, a part of the National Institutes of Health or NIH.

Some critics have questioned Gay's decision, which may have exposed the child to the risk of toxic medications without confirmation of her infection.

"This was a gutsy call that turned out to be correct," said Fauci, adding that if it had turned out that the baby was not infected, they could have withdrawn the drugs. "They made the right guess."

Gay continued to treat the child until January 2012, when she was 18 months old and her mother stopped bringing the child in for appointments. Gay's team tracked her down in the fall of 2012, but the mother had not given her child any HIV medication since January.

Before restarting treatment, Gay did several tests, fully expecting that the virus had come roaring back. But none of the tests detected the virus. That's when she brought in colleagues Luzuriaga of the University of Massachusetts and Persaud of Johns Hopkins University in Baltimore, who did a series of ultrasensitive tests. They were only able to find trace amounts of genetic material from the virus, but nothing capable of rekindling the infection.

The child, now 30 months old, remains off medication and continues to fare well. "We can't find any virus to treat at this point," Dr. Gay said.

She said it is not clear what the child's story will mean in the wider scheme of HIV research, but she hopes it may lead to a cure for other babies infected at birth.

"I guess the message that I want to get across to the public very strongly is, we don't know yet if we can create the same outcome in other babies," she said. "It's far too early to draw too many conclusions. There's not a cure in sight this week."

Gay said she is glad that this is happening in Mississippi and hopes it boosts the state's reputation.

"But it's a whole lot bigger than this one child, the University Medical Center or the state," she said. "It may take a long time, but I hope it will point us in the right direction to come up with a cure we can consistently apply to other babies worldwide."

Colleagues at the medical center are planning a celebration for Dr. Gay to "let her know how proud we are," said Amy Smith, a nurse practitioner who works with the doctor. "She's the type that wouldn't want a big fuss made about her, but we're going to do it anyway."

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