



Press statement

UNAIDS, UNICEF AND EGPAF UNDERSCORE IMPORTANCE OF KEEPING SINGLE-DOSE NEVIRAPINE AVAILABLE TO HIV-POSITIVE MOTHERS

Bangkok, 14 July 2004 – UNAIDS, UNICEF and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) today expressed strong concern about the South African Medicine Control Council's decision to discontinue use of single-dose nevirapine for prevention of mother to child transmission.

The three organisations also reiterated strong support for new WHO guidelines issued earlier this month on prevention of mother-to-child-transmission (PMTCT) of HIV that include single-dose nevirapine.

There is considerable data showing the efficacy and safety of single-dose nevirapine therapy for preventing vertical transmission. Resistance to nevirapine, when used for both treatment and preventive therapy, has also been documented. However, the impact of this resistance remains unclear and new data is emerging on how this resistance might be reduced.

The new WHO guidelines for prevention of mother-to-child transmission recommend the use of a wide range of options depending on the mother's clinical situation. These include combination antiretroviral treatment for advanced disease, and dual combination treatment of AZT boosted by single-dose nevirapine for women who do not qualify for triple therapy. Where the infrastructure does not allow for long-term and more complex treatment, the recommended public health approach is single-dose nevirapine.

UNAIDS, UNICEF and EGPAF recognise that there is a changing body of evidence and that there is need for more data on the clinical implications of nevirapine resistance in treating mothers and children beyond PMTCT.

The withdrawal of nevirapine without immediately available alternatives leaves HIV-positive women without any means of preventing HIV transmission to their infants. UNAIDS, UNICEF and EGPAF strongly support WHO's public health recommendation of continuing use of nevirapine in settings where there are no other options.

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