It was early in the 1980s and I had admitted a 5-month-old infant with a history of recurrent pneumonias to the intensive care unit. He had been born at term to a primi gravida mother by spontaneous vaginal delivery after an uncomplicated pregnancy. What bothered me was that his past medical history was remarkable for recurrent episodes of pneumonia, which were treated with oral antibiotic therapy. He would recover clinically for a period of weeks and then become symptomatic again. After I admitted him to the hospital and he subsequently required endotracheal intubation and placement of an arterial catheter, I decided to call our pediatric infectious disease consultant, Dr. Ram Yogev (Northwestern Memorial Hospital).

I presented the details of the infant’s history; Dr. Yogev paused and explained that there was a new syndrome called acquired immunodeficiency syndrome (AIDS) that occurred in adults and was also being reported, by 1984, in infants according to Scott et al.1 The observations reported the likelihood of a “transplacental, perinatal or postnatal transmission of an as yet unidentified infectious agent.”1 In subsequent years, researchers characterized and established HIV (a retrovirus of AIDS)2 as having 3 stages: (1) new onset acute HIV infection,3 (2) clinical latency, and (3) AIDS.4,5 Subsequently, the infant that I treated, with Dr. Yogev’s help, was diagnosed with AIDS.

The management of the stages of HIV has evolved over time, and the first 25 years is summarized by Gallo.2 In a previously published “Healthy Baby/Healthy Children” column, Dr. Sabrina Fernandez presented a perspective on preventing HIV infection in adolescents who are at high risk through the utility of HIV pre-exposure prophylaxis.6

REFERENCES