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Design of the bibliographic retrieval of this issue

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Subject Headings/Subheadings

Conference summary
Contraception
Gynaecology
Infant feeding/Breastfeeding
MTCT (Mother-to-Child Transmission)
Obstetrics
PMTCT/ARV (Prevention of Mother-to-Child Transmission/AntiRetroVirals)
Primary prevention of sexual transmission/VCT (Voluntary Counselling and Testing)
Termination of pregnancy/Abortion

Citation format (by alphabetical order of the authors)

Author(s). Title. Source.
Notes (prepared by the Bordeaux Working Group)
Author address, if available (for reprints)
URL, if available (link to author abstract/full text/journal TOC)
Subject Headings

**Notes:** In the struggle to find the most suitable, effective and affordable antiretroviral combinations for PMTCT, a single-arm, open-label, prospective nonrandomised study was conducted at the Siriraj Hospital of Bangkok (Thailand) to evaluate the safety of a short-course therapy with zidovudine (AZT) plus lamivudine (3TC). A total of 106 HIV-infected women were enrolled between 32 and 34 weeks of gestation from February 1999 to November 2000 and the following protocol was used: oral administration of 300 mg AZT + 150 mg 3TC twice a day from 34 weeks to the onset of labour then every three hours until delivery, and to all infants until four weeks, 2mg/kg of AZT syrup every six hours. No infants were breastfed. The HIV transmission rate was 2.8% (95% CI, 1%-8%), showing more efficacy than any short-course AZT monotherapy used in Thailand (p=.036). No women presented drug-related toxic effects nor any adverse events. No correlation was found between the number of AZT or 3TC doses administered antepartum to the women and the magnitude of the virus load reduction (p=.119) or CD4 cell increase (p=.733). At birth, among the 106 newborns, six were anaemic, three had thrombocytopenia, and one had an elevated level of transaminases, all these events resolved by two months of age and were neither correlated to the number of doses nor those of to any maternal factors. There were no cases of neutropenia. The authors compare these results to a similar French trial, arguing that the lower number of adverse effects could result from the shorter in utero exposure to AZT and 3TC and the absence of 3TC for infants in their drug regimen compared to the French one. They thus conclude positively on the use of this short course of zidovudine and lamivudine for PMTCT programmes in developing countries.

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PMTCT/ARV

deVlas SJ, Nagelkerke NJD, Jha P and Plummer FA. **Mother-to-child HIV transmission and ARVs.** Science 2002; 298 (5601): 2129.

**Notes:** This short paper addresses the use of antiretrovirals (ARVs) for the treatment and prevention of HIV. The authors first discuss the issue of the availability of drugs, mostly in terms of cost. They also mention the fact that widespread use of ARVs raises questions of drug resistance due among others to the lack of adherence to a life-long therapy. They highlight the competing dilemma between prevention and treatment of HIV, each strategy of drug use susceptible of impairing the efficacy of the other. Through the example of ARVs for MTCT and ARVs for adult treatment, they finally argue for a differentiation of ARV regimens according to a preventive or curative objective.

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PMTCT/ARV


**Notes:** This interesting letter summarizes the issue of breastfeeding in the context of PMTCT and underlines the new challenges linked to the implementation of antiretroviral treatment programmes for women in developing countries.

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PMTCT/ARV, Infant feeding/Breastfeeding


**Notes:** This cross-sectional study, conducted in 2001 at the Central Hospital of Kigali (Rwanda), explored the factors influencing the acceptability of VCT among pregnant women during labour. Over a two-month period, 427 women between 19 and 45 years (average 25.7 years), admitted for delivery with cervix dilatation of <7cm, were enrolled and administered a pilot-tested questionnaire. Focus group discussions were also organised with women from the same waiting room, whether pregnant or not. The study results show that more than one third of the women
interviewed had undergone prior HIV testing, mostly within PMTCT programmes offered in three city clinics. The acceptance of HIV testing reached 74.2%, and almost 90% responded that they would encourage their partner to be tested (15% had previously refused testing themselves). Older women (>= 35 years) were significantly more likely to accept VCT than younger mothers (adjusted OR, 3.1; CI, 1.01-9.4), the authors describing an incremental positive relationship between maternal age and acceptance probability of HIV testing at labour (+20% per five years). The influence of the partner’s profession (skilled and well-paid jobs vs unemployed) on the acceptance rate was also significant (OR 3.5; IC 1.16-10.85). The focus groups addressed the fears of women faced to a positive result and its consequences (lack of treatment, demotivation in work, etc.), the issue of partner consultation before testing (couple decision, openness, trust) and the refusal of their own HIV testing while encouraging their partners (belief in sero-concordance). This study shows that independence in health decision making increases with age and the authors suggest that the dose-response pattern of HIV acceptability testing could be used as a yardstick to evaluate the efficacy of interventions, arguing for programmes targeting younger pregnant women. The extent of male influence on sexual and health decision-making within the Rwandan society, which can strongly prevent the uptake of PMTCT interventions by pregnant women, is also underlined. The authors thus conclude on the need to reinforce antenatal VCT services, with a more in-depth understanding of the factors that influence willingness to be tested and the perceived consequences of testing.

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