PMTCT Intelligence Report
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prepared by the Bordeaux Working Group *

* by alphabetical order:

Design of the bibliographic retrieval of this issue

Databases: Current Contents Life Sciences, Clinical Medicine, Social & Behavioral Sciences
(weeks # 7 to 10: February 18, 2002 to March 11, 2002; coverage: journal and book citations)


Number of citations screened for this issue: 1005 + CROI Abstracts

News Groups: AFRO-NETS, AMEDEO, CABA, Kaiser, Medscape, ProCAARE, RHO

Number of citations selected for this issue: 3 + Conference summary

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:** There is an increasing negative impact of HIV/AIDS on the morbi-mortality of infants and children mainly in eastern and southern Africa. Use of short course combinations of antiretroviral drugs, appropriate infant feeding choices and elective caesarean delivery when possible has reduced transmission rates of HIV to 5% or lower in middle income countries and urban areas of developing countries. The authors of this paper highlight the need to extend the benefits of recent advances in perinatal HIV research (nevirapine [NVP] single dose regimen) in particular to women in rural communities where more than two thirds of the population of sub-Saharan Africa live. Obstacles to implement PMTCT activities are stated such as the quality of health care infrastructures and offer and uptake of voluntary counselling and testing services, among others. The report discusses the important role traditional birth attendants could play in implementing anti-HIV interventions in rural settings. The article contains a brief analysis of the characteristics of traditional birth attendants, their role as part of the safe motherhood initiative (malaria prevention, clinical assessment of neonatal sepsis, provision of supportive neonatal care etc.) and the advantages and limitations that are present when incorporating them in the healthcare system in developing countries. Bulterys et al list the barriers and conditions needed to offer PMTCT programs in rural settings in sub-Saharan Africa and describe possible strategies to improve the availability of HIV testing and counselling including: rapid HIV testing and the duties traditional birth attendants can undertake such as oversee the provision of NVP to the mother-child pair and counselling for the individual women and the community. For this, conditions that need to be considered are described: appropriate training and supervision, decentralization of preventive and care and support strategies appropriate to rural settings and an effective collaboration between traditional birth attendants and medically trained healthcare workers. A complete list of tasks for birth attendants to prevent perinatal transmission of HIV is included.

**Address:** Epidemiology Branch, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Atlanta, GA 30333, USA. mbulterys@cdc.gov

**URL:** [http://bmj.com/cgi/content/full/324/7331/222?view=full&pmid=11809647](http://bmj.com/cgi/content/full/324/7331/222?view=full&pmid=11809647)

**PMTCT, Obstetrics**

McIntyre J and Gray G. *What can we do to reduce mother to child transmission of HIV?* BMJ 2002; 324 (7331): 218-221.

**Notes:** After reminding us of the extent of mother-to-child transmission (MTCT) world-wide (over 600 000 new infections annually) and the progress gained till date in the PMTCT the authors presents a detailed overview of the two most effective interventions to reduce transmission: antiretroviral (ARV) prophylaxis and modifications of infant feeding practices. Results of the various ARV trials are presented by type of protocol used. Following a brief description of the landmark PACTG O76 zidovudine trial, the various short course regimens used in developing countries are presented: zidovudine (in Thailand, Ivory Coast and Burkina Faso), zidovudine plus lamivudine (PETRA study) and nevirapine (NVP, HIVNET 012 trial). Advantages of the HIVNET 012 NVP trial are listed (feasibility, adherence and cost) as well as an explanation of the possibility of the development of resistance as a major disadvantage of this regimen. McIntyre and Gray go over the possible factors related to NVP resistance in PMTCT programmes: high viral load, low CD4 cell count and HIV subtypes. With regard to infant feeding and HIV transmission, the authors pinpoint three key issues: type of infant feeding, infant survival and efficacy of antiretroviral interventions. One major conclusion is that HIV positive mothers should be given the information to make an informed choice about the risks and benefits of breast-feeding and replacement feeding and be supported in their choice as recommended by international guidelines. An overview of major research done till date on breastfeeding and replacements feeding related to HIV transmission is presented. The paper also examines infant survival as related to maternal mortality, highlighting the need to assess the association between breast feeding and maternal death in HIV-1 infected women and the reasons why infants die after the death of their mothers. The authors highlight the need to overcome diverse barriers which have not permitted a wide scale implementation of PMTCT programmes in Africa. Among these are cost and infrastructure (quality of health services, delivery of the baby dose outside the health sector and drug supply) and well as stigmatization and dilemmas on drug resistance and infant feeding advice. The article concludes with a comparative analyse of NVP distribution: universal vs. individual approach. Lists of key ongoing research and priority research needs are included.

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**URL:** [http://bmj.com/cgi/content/full/324/7331/218?view=full&pmid=11809646](http://bmj.com/cgi/content/full/324/7331/218?view=full&pmid=11809646)

**PMTCT/ARV, Infant feeding**

**Notes:** Following the article by Bulterys and colleagues (BMJ, 2002, 324: 222-5), this commentary states the advantages and concerns of involving traditional birth attendants in reproductive health care in rural settings. Among the advantages are the facility of access to care and delivery of care by people of the local community (same social, cultural and health beliefs). Nevertheless, experience from the author in the Gambia showed that women were not eased to discuss sensitive issues with a woman from their own community. As so, women might be afraid to discuss their HIV status with traditional birth attendants. Training traditional birth attendants on issues related to patient confidentiality and communities' understanding of HIV will be required. Furthermore, there will be a need to discern which women seek the care of traditional birth attendants, which women avoid them, and the reasons behind these choices. Other issues that are underlined in the article that need to be considered are rewards to traditional birth attendants and their recognition in the health care system by professional health care workers. The author states that as most traditional birth attendants are illiterate, this could be a constraint in the training process which may influence quality of care. Appropriate training, supervision and support will need to be considered.

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**URL:** [http://bmj.com/cgi/content/full/324/7331/222?view=full&pmid=11809647#resp1](http://bmj.com/cgi/content/full/324/7331/222?view=full&pmid=11809647#resp1)

**PMTCT, Obstetrics**


**Summary:** Alimenti et al (Abstr 113) present results from one of the first prospective studies describing lactic acidemia in 25 HIV uninfected children exposed to HAART during the perinatal period in Canada. Lactate was above the norm for 23/25 infants, reached level > 5 mml/L in 9/25 (36%) and resolved by the age of 6 months in most infants.

HIVNET 012 (Abstr 120) long term efficacy at 18 month results were presented. MTCT rates were significantly lower in women in the NVP group compared to those in the ZDV group overall, but differences were greatest among women with the highest viral load (≥500 copies/ml) and lower CD4 count (<500mm3). These data support the efficacy of a simple ultra short NVP regimen in Ugandan breastfeeding women in who are immunodepressed.

In the Nairobi breastfeeding trial (Abstr 792-W), high breastmilk viral load was associated with higher MTCT throughout the period of lactation HIV RNA level were associated in different compartments. These data provide a better understanding of breastmilk transmission of HIV. Finally, C Wilfert (Abstr S26) presented an overview of the promises and challenges of PMTCT in developing countries through the experience of the Elizabeth Glaser Pediatric AIDS Foundation.

**URL:** [http://63.126.3.84/2002/default.htm](http://63.126.3.84/2002/default.htm)

**Conference summary**