PMTCT Intelligence Report
Vol 3, Issue 3 (March 2003)

- Online Access -

prepared by the Bordeaux Working Group *


Design of the bibliographic retrieval of this issue

Databases: Current Contents Life Sciences, Clinical Medicine, Social & Behavioral Sciences
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Number of citations screened for this issue: 969

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

Number of citations selected for this issue: 5

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: Aguayo et al. investigated the compliance with the International Code of Marketing of Breastmilk Substitutes in health facilities, distribution points and the news media in Burkina Faso and Togo. This study was conducted in two different contexts since Burkina Faso has a legislation on the marketing of breastmilk substitutes, whereas there is no legislation in Togo. In two of these countries, the authors noticed a promotion of breastmilk substitutes by manufacturers with provision of free samples to health workers, for purposes other than research or evaluation. Moreover, 90% of the 186 health providers interviewed had never heard about the WHO code. A majority (63%) of the 105 mothers included did not receive any counselling on breastfeeding. This study underlines that manufacturers of breast milk violate the WHO code, and indicates a failure of the training of health workers about the protection and support induced by breastfeeding. In his comment, Waterston insists on the importance of this study despite its methodological limitations. According to him, there is an urgent need for enforcing the application of the WHO code in both developed and developing countries.

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Infant feeding


Notes: This study aimed to compare the compliance and efficacy of Thai-CDC and HIVNET-012 antiretroviral regimens to reduce the mother-to-child transmission of HIV infection at 6 weeks. It took place in a field setting, three antenatal clinics in Nairobi, Kenya, between November 1999 and January 2001. Seventy women were randomised to Thai-CDC regimen (zidovudine twice daily from 36 weeks gestation and 3-hourly during labour) and 69 to HIVNET-012 regimen (nevirapine given to mother at the onset of the labour and to the baby within 72h of delivery). Compliant women were defined as those who reported using the maternal and infant doses of nevirapine, and those who reported taking > 80% of the antenatal and intrapartum doses of the Thai-CDC regimen. One of the interests of this study is that it validated self report compliance by using pill counts and electronic medication bottles in the zidovudine regimen arm. Overall, 41% of the mothers were compliant with the Thai-CDC regimen and 87% with the HIVNET-012 regimen. A good compliance was related to the involvement of the partner: partner support of antiretroviral use (Odds Ratio, OR=3.0, 95% Confident Interval, CI 1.0-9.1) and knowledge at recruitment that antiretroviral drugs could prevent infant HIV-1 infection (OR=2.9, 95% CI 1.0-8.1) with the Thai-CDC regimen, partner notification (OR=8.0, 95% CI 1.5-50) and partner willingness to have HIV testing (OR=7.5, 95% CI 1.4-40) with the HIVNET-012 referee. Among women on the Thai-CDC regimen, transmission tended to be lower in those who were compliant (0% versus 15%, p=0.07) suggesting the importance of ensuring high rates of compliance. Despite the high reported compliance with the HIVNET-012 regimen, there tended to be a higher risk of infection among women in this arm compared to those on the Thai-CDC regimen (22% versus 9%, p=0.07). The authors conclude that partner involvement, support and education on perinatal HIV-1 prevention may improve compliance and increase the number of infants protected from HIV-1 infection. It is unfortunate this study lacks statistical power to fully address the comparison issue of the efficacy of the two widely used ARV regimen.

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PMTCT/ARV


Notes: This article addresses the relationship between the return to HIV test results and the uptake of an antiretroviral (ARV) intervention for PMTCT. From October 1999 to September 2000, a total of 1 282 pregnant women were pre-test counselled during routine antenatal care dispensed in two public health centres of Nairobi, Kenya. The 1 249 women (97%) accepting HIV testing were randomised to either ELISA testing or rapid testing. During post-test counselling sessions, HIV-infected women were offered ARV treatment and randomised to receive either nevirapine (NVP) or zidovudine (ZDV) prophylaxis (women >36 weeks gestation automatically entering the NVP group). The study results show that women assigned to rapid testing were more likely to obtain their results than women tested with ELISA (96% versus 73%, OR:1.3; 95% CI:1.2-1.4, p<0.001). Among the 161 pregnant
women tested and diagnosed as HIV-1 positive, 129 took their test result, 96% of those assigned to rapid testing versus 65% of those assigned to the ELISA group. Although 96 of them (74%) accepted the principle of an ARV intervention, 19% only (n=24) actually received the ARV prophylaxis. The acceptance of ARV was significantly higher in women randomised to ELISA testing (87%) versus 66%, for those randomised to rapid testing (p=0.007) although this did not lead to a large and meaningful difference in terms of drug administration in the end: 20% of the HIV-1 positive pregnant women informed of their status after a rapid testing strategy took the drug versus 17% of those with the same characteristics in the ELISA group. If taking as a denominator the figure of those diagnosed positive in each of the two strategies (79 with rapid testing and 82 with ELISA), the uptake of the ARV intervention is estimated at 19% and 11%, respectively. This paper underlines the acceptability of routine HIV counselling and testing services within antenatal settings. It emphasises the efficacy of rapid testing as a tool for HIV results dispensation and primary prevention of HIV/AIDS. The lack of positive decision-making related to ARV treatment among pregnant women even with rapid tests highlights the importance of multiple post-test counselling sessions for HIV-infected women and, more generally, the need for community-based education to allow women, before conception, to be aware of HIV/AIDS prevention and PMTCT issues. The relative efficacy of the NVP and ZDV strategy is not reported in this study but is likely to be difficult to interpret considering the limited number of women who took any ARV drug.

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PMTCT/ARV, VCT

Rouzioux C, Chaix ML, Burgard M and Mandelbrot L. HIV and pregnancy. Pathol Biol 2002; 50 (9): 576-579. Notes: This article in French underlines the epidemiological context of MTCT in France. The authors insist particularly on the urgent need for improving the knowledge of the mechanisms of MTCT and designing more adapted ARV prophylaxis in order to reduce infant's exposure to drug toxicity.

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MTCT, PMTCT

Tuomala RE, ODriscoll PT, Bremer JW, Jennings C, Xu C, Read JS, Matzen E, Landay A, Zorrilla C, Blattner W, Charurat M and Anderson DJ. Cell-associated genital tract virus and vertical transmission of human immunodeficiency virus type 1 in antiretroviral-experienced women. J Infect Dis 2003; 187 (3): 375-384. Notes: A case-control sub-study within the Women and Infants Transmission Study (WITS) in the USA. HIV-1 free RNA, cellular RNA and DNA were quantitatively measured in antenatal cervico-vaginal lavage specimens and results compared between 26 transmitting and 52 non transmitting mothers, all of them receiving either a single-drug prophylaxis or an antiretroviral therapy regimen. There was a non statistically significant trend for an association between transmission and cellular DNA. This result became more meaningful when the analysis was restricted to those women with vaginal or non elective cesarean deliveries (OR: 2.28 per one log increase in mean DNA titer ; 95% CI: 1.09-4.78 ; p=0.03). This is one of the first report to find such an association in the context of exposure to antiretrovirals.

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MTCT