Design of the bibliographic retrieval of this issue

Databases: Current Contents Life Sciences, Clinical Medicine, Social & Behavioral Sciences (weeks # 25 to 28: June 18 to July 09, 2001 ; coverage: journal and book citations)

Conferences: Conference on HIV Pathogenesis and Treatment, 1st IAS Conference, Buenos Aires, Argentina, July 8-11 2001

Number of citations screened for this issue: 1750

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

Number of citations selected for this issue: 12

Subject Headings/Subheadings

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:** This paper reports the results of a cluster-randomized trial aimed at measuring the impact of female condom introduction and risk-reduction intervention on the sexually transmitted infection (STI) prevalence in Kenyan agricultural sites. Six matched pairs of plantations were identified: the six intervention sites received an information/motivation program with free distribution of female and male condoms, and six control sites received only male condoms and related information. Participants were childbearing age women not pregnant at time of inclusion, tested for cervical gonorrhea, chlamydia and vaginal trichomoniasis at baseline, 6 and 12 months. Characteristics at inclusion between women in intervention (n = 969) and control sites (n = 960) were similar; baseline STI prevalence was 23.9%. The prevalence of each STI decreased between baseline and 6-month follow-up in both groups and then stabilized between 6-month and 12-month follow-up. Crude STI prevalence was 17.1 and 17.6% at 6 months, 18.2 and 18.4% at 12 months, at the intervention and control sites, respectively. Consistent male condom use was estimated at more than 20% at 12 months. Consistent female condom use was reported by 11 and 7% of intervention site women at 6 and 12 months. No effect of female condom was reported. The authors conclude that female condom introduction did not enhance STI prevention in this kind of population but that its evaluation in other at-risk populations and more targeted interventions should continue.

**Address:** Feldblum PJ, Family Hlth Int, POB 13950, Res Triangle Pk, NC 27709 USA


**Primary prevention of sexual transmission, Contraception**


**Notes:** A prevalence study of predictors of vitamin A status within a micronutrient supplementation trial conducted in Harare, Zimbabwe. This is the first report of this research group. HIV prevalence in this antenatal population (N = 1580) was 31.5%. The authors used a multiple linear regression analysis to explore the predictors of serum beta-carotene and retinol. HIV infection reduces the level of these two markers but there is an interaction with age. The authors estimate that in these models, age is a proxy of length of time with HIV infection. The effect of HIV infection was independent of serum alpha l-antichymotrypsin (ACT). This nutritional survey is well conducted but the report lacks perspectives with regard to possible PMTCT interventions.

**Address:** Friis H, Royal Vet & Agr Univ, Res Dept Human Nutr, Rolighedsvej 30, DK-1958 Frederiksberg C, DENMARK


**MTCT**


**Notes:** A second report of the same team in the same setting looking at predictors of maternal anemia assessed through three markers, serum folate, serum ferritin, and hemoglobin. The authors focus again on regression analysis rather than on interpretation of deficiencies. There was a negative effect of HIV on hemoglobin and iron storage, probably by reduced intake. They cannot conclude however on the net effect that could have iron supplementation in HIV-infected women.

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**MTCT**

Notes: This research letter describes the relation between Nucleoside-Analogue Reverse Transcriptase Inhibitors (NRTI) and plasma acid lactic levels (LA) in HIV-infected children. The authors observed that infants who were exposed to NRTIs during gestation (N = 20) had increased LA levels during the first week of life compared to 36 control children of older age, most of them treated for their own infection by NRTI combination. There was no clinical consequence of these findings and the authors do not favor changing recommendations for PMTCT by ARV.

Address: Giaquinto C, Univ Padua, Dept Paediat, Padua, ITALY
URL: NA

PMTCT/ARV


Notes: The authors investigated within a cross sectional study the association between the duration of post-partum abstinence since the last birth and the risk of HIV infection in women attending antenatal clinics in three African cities: Yaoundé, Cameroon, Kisumu, Kenya and Ndola, Zambia. In Yaoundé, median duration of post-partum abstinence was the longest, about six months. The longer the duration of post-partum abstinence, the higher was the HIV prevalence; but this association was of borderline significance when restricting the analyses to women who were married to their current husband at time of last birth. In Kisumu, median duration of post-partum abstinence was less than three months without evidence of an association with the HIV status. In Ndola, median duration of post-partum abstinence was less than six months, without evidence of an association with the HIV status after restricting the analysis to married women. Although this study was not designed to look at this association per se, this study suggests that women who had a longer abstinence period experienced a higher risk of acquiring HIV as the result of partner change.

Address: Glynn JR, London Sch Hyg & Trop Med, London WC1, ENGLAND
URL: NA

Primary prevention of sexual transmission


Notes: This article contributes to assessing the overall impact of Voluntary HIV-1 Counselling and Testing (HIV VCT) by specifically measuring the social consequences for people receiving VCT. It is based on the results of a clinical trial testing the efficacy of HIV VCT in reducing sexual risk behaviour in Kenya, Tanzania and Trinidad. The authors compared the incidence of positive and negative life events in different groups: randomly assigned to HIV VCT versus health information only, tested seropositive versus seronegative, disclosing their serostatus or not. The occurrence of most negative life events such as break-up of marriage and physical abuse was rare (0-4%), whereas positive life events were more common, especially the strengthening of sexual relationships and the increase of emotional support. The authors conclude on the need to support further dissemination of HIV VCT.

Address: Grinstead OA, Univ Calif San Francisco, Ctr AIDS Prevent Studies, 74 New Montgomery St, Suite 600, San Francisco, CA 94105 USA

Primary prevention of sexual transmission/VCT


Notes: Lishimpi et al study the reasons for parents/guardians refusal of consent for necropsy and explore the issues affecting their decision. They found that 75% of the parents or guardians approached refused a necropsy examination on their child. In Zambia, necropsy is most commonly perceived by parents/guardians as a waste of time and an inconvenience to arrangements for burial. Necropsy could be used in MTCT studies if proper arrangements were made in advance.

Address: Zumla A, Univ Coll London, Windeyer Inst Med Sci, Ctr Infect Dis & Int Hlth, Room G41, 46 Cleveland St, London W1P 4JF, ENGLAND

MTCT

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Notes: The authors explore the application of the criteria for the use of Highly Active Antiretroviral Therapy (HAART, 1997 US guidelines) in the US-based Women's InterAgency HIV cohort Study (WHIS, N = 2059). The proportion of women receiving HAART according to these guidelines has increased over time and pregnancy has not been an impediment to this practice. Zidovudine-containing regimens are more frequent in pregnant than non-pregnant women. This is a positive report for linking PMTCT and HAART recommendations, at least in the USA.

Address: Minkoff H, Maimonides Med Ctr, Dept Obstet & Gynecol, 4802 10th Ave, Brooklyn, NY 11219 USA

PMTCT/ARV


Notes: A matched case-control study of 86 pairs of HIV-infected and uninfected women undergoing cesarean delivery in American teaching hospitals between 1992 and 2000. Minor post-operative complications were associated with HIV infection (66% vs 42%, odds ratio: 2.7, CI: 1.4-6.01). Febrile morbidity was the most common event. There was no statistical association and no clear trend for major complications (odds ratio: 2.8, CI: 0.6-14.1). Zidovudine use was associated with decreased maternal morbidity. The authors remain cautious on the wide prescription of C-section for HIV-infected women.

Address: Rodriguez EJ, Emory Univ, Sch Med, Dept Gynecol & Obstet, Div Maternal Fetal Med, 69 Butler St SE, Atlanta, GA 30303 USA

PMTCT


Notes: The aim of this study was to determine the prevalence of viral resistance to zidovudine among HIV-1 infected pregnant women. The prevalence of resistance mutation T215Y was 9.7% (N=31 women delivering in 1997-1999), without temporal trend. The authors suggest to use multidrug antiretroviral strategies for prophylaxis of vertical transmission of HIV-1 infection in this context of high prevalence of viral mutants that confer high-level resistance to zidovudine.

Address: Borkowsky W, NYU, Sch Med, Div Pediat Infect Dis, 550 1st Ave, New York, NY 10016 USA

PMTCT/ARV


Notes: One of the first studies to look at the issue of adherence of HIV-infected women to ARV prophylaxis. A two-step interview around 24 weeks and beyond 32 weeks of gestation (N = 264) allowed to conclude that adherence was complete in 80% and that illicit drug use was the primary risk factor of poor adherence. Adherence patterns were coherent with other prenatal care patterns of these women. The strength of the report is its coverage, several prenatal clinics in four US states. The limitation is the self-reporting approach.

Address: Wilson TE, Suny Downstate Med Ctr, Dept Prevent Med & Community Hlth, 450 Clarkson Ave, Box 1240, Brooklyn, NY 11203 USA

PMTCT/ARV
1st IAS Conference on HIV Pathogenesis and Treatment, Buenos Aires, Argentina, 8-11 July, 2001. **Highlights of the conference.**

**Notes:** Eleven abstracts relevant to the theme of the Intelligence report were selected and seven are commented below. A report by Mwanyumba, F et al from Mombasa, Kenya strengthens the hypothesis of the role of acute chorioamnionitis in MTCT and suggests the need to investigate the role of antimicrobial treatment. Experiences with operational programes are now being reported in South America (Argentina: Ceriotto, M et al; Brazil: Kreitchmann, R), India (Samuel, N et al) and Ukraine (Meade, T et al). Two unvalidated ART approaches are reported. Moyle, G et al describe the good safety and efficacy in 15 Thai and UK women/neonates of the combination of saquinavir - soft gelatin capsules, zidovudine and optional lamivudine (N = 3). Peytavin, G et al (France) investigated in nine human placenta the transfer of nelfinavir and concluded to the interest of this drug for further PMTCT evaluations.


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**Erratum**

PMTCT Intelligence Report 2001;1(2):9
Reference Chinebuah B et al

*Primiparous women with unintended pregnancies breastfed for a median of 21 months vs 18.5 months in case of planned pregnancies.*

Should read:

Primiparous women with **intended** pregnancies breastfed for a median of 21 months vs 18.5 months in case of **unplanned** pregnancies.

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**Next issue (4-5) will appear in late September 2001**