One in Three HIV-positive Mothers Attending Antenatal/Postnatal care are Severely Immuno compromised and Require Antiretroviral Treatment

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"Women who need ARV treatment for their own health should receive it, following the WHO treatment guidelines. The use of ARV treatment, when indicated, during pregnancy offers substantial benefit for the health of the woman and decreases the risk of HIV transmission to the infant."

World Health Organization, 2004

Thyolo District Malawi

Mainly rural population: > 540,000
Prevalence HIV at ANC: 29-22%
No. living with HIV/AIDS: 55,098
No. with advanced HIV/AIDS: 8,11,000
No. of deliveries per year: 20,535
No. new PMTCT mothers 2005: approx 1,000

Main elements PMTCT Plus

The PMTCT Plus clinic (including maternity ward) in Thyolo Hospital is a new entry point for ARV for eligible pregnant/infant women.

Both mothers and infants are followed at PMTCT Plus clinic for the duration of pregnancy until 18 months post-delivery after which they will be followed at the Paediatric/ family ARV clinic or adult HIV clinic

PMTCT Programme

2002: Prevention of mother-to-child transmission of HIV (PMTCT) started in Thyolo District Hospital antenatal clinic
2004: Extended to district health centres
April 2003: Highly active antiretroviral treatment (ART)
Mid 2005: Few PMTCT mothers started HAART
August 2005: PMTCT Plus programme commences

Aim of study

To determine the CD4 profile of women testing HIV positive at hospital antenatal or postnatal clinic and establish their eligibility for HAART

Methods

Women who tested HIV in antenatal or postnatal clinic in Thyolo hospital were screened for ART eligibility Period: August 2005–January 2006
Midwives were trained to do clinical staging of HIV/AIDS and to take blood for CD4 count
Mothers were offered CD4 testing on the same day HIV+ mothers were invited to return for follow up and assessment for ART eligibility one week later
CD4 counts were done using PARTEC Flow-Cytometry machine.

PMTCT Plus Criteria for initiation ART

Symptomatic Stage 1 & 2 ARV
CD4<200, group or individual counselling
After 1 week Follow up visit (with group counselling)
Start ART

Symptomatic Stage 3 & 4 ARV
CD4<350, exclude output of Group or individual counselling
CD4 200–350 +/-24 weeks
Check CD4 at 32 weeks:
CD4 between 200 and 350 >24 weeks
Start ART
NVP to mother and child

Results

From August 2005 – January 2006
1,360 women were tested for HIV
274 were HIV+ (prevalence 20%)
77% (n=215) antenatal
32% (n=61) delivery and postnatal

CD4 counts by WHO Stage

Stage WHO CD4 values
CD4<200 <200 X 200 200-350 Total
1 18 22 33 2 111 (78.5%)
2 9 29 38 1 78 (54.4%)
4 2 3 5 0 10 (7.1%)
Total 39 62 93 2 242 (100%)

32% (85) needed ART for their own health
9.5% women were clinical WHO Stage 1-4
74% of those with CD4<200 were in WHO Stage 1-2

Conclusions

- Too few PMTCT women are on ART in Malawi.
- 1/3 women in this study with CD4 test were found to be eligible for ART.
- Only one in 10 were clinically eligible according to WHO staging.
- PMTCT mothers even with very low CD4 counts are usually asymptomatic.
- It is feasible for nurses and midwives to integrate HIV test, blood test for CD4 and clinical staging into antenatal, maternity ward and postnatal clinics

Recommendations

CD4 test is a priority for PMTCT women and should be introduced at all HIV+ women who possibly at both district and health centre level.

ART for PMTCT women should be promoted and enhanced within the context of the national ART scale up and universal access.


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- Reproductive health unit and HIV unit MoH
- PMTCT support groups College of Medicine

PMTCT PLUS

Uptake of ART


(6 months)
No. of ART started
274 (100%)
No. total
274 (100%)
D4 count
 Eligible for ART
85 (31%)
Start ART
188 (68%)
No. NVP+ started
274 (100%)
641 (80%)
NVP+ count
272 (99%)
637 (99%)

Previous 3 years a total of 14 mothers started HAART from PMTCT！”