

“PMTCT as a critical entry point for early interventions for children”

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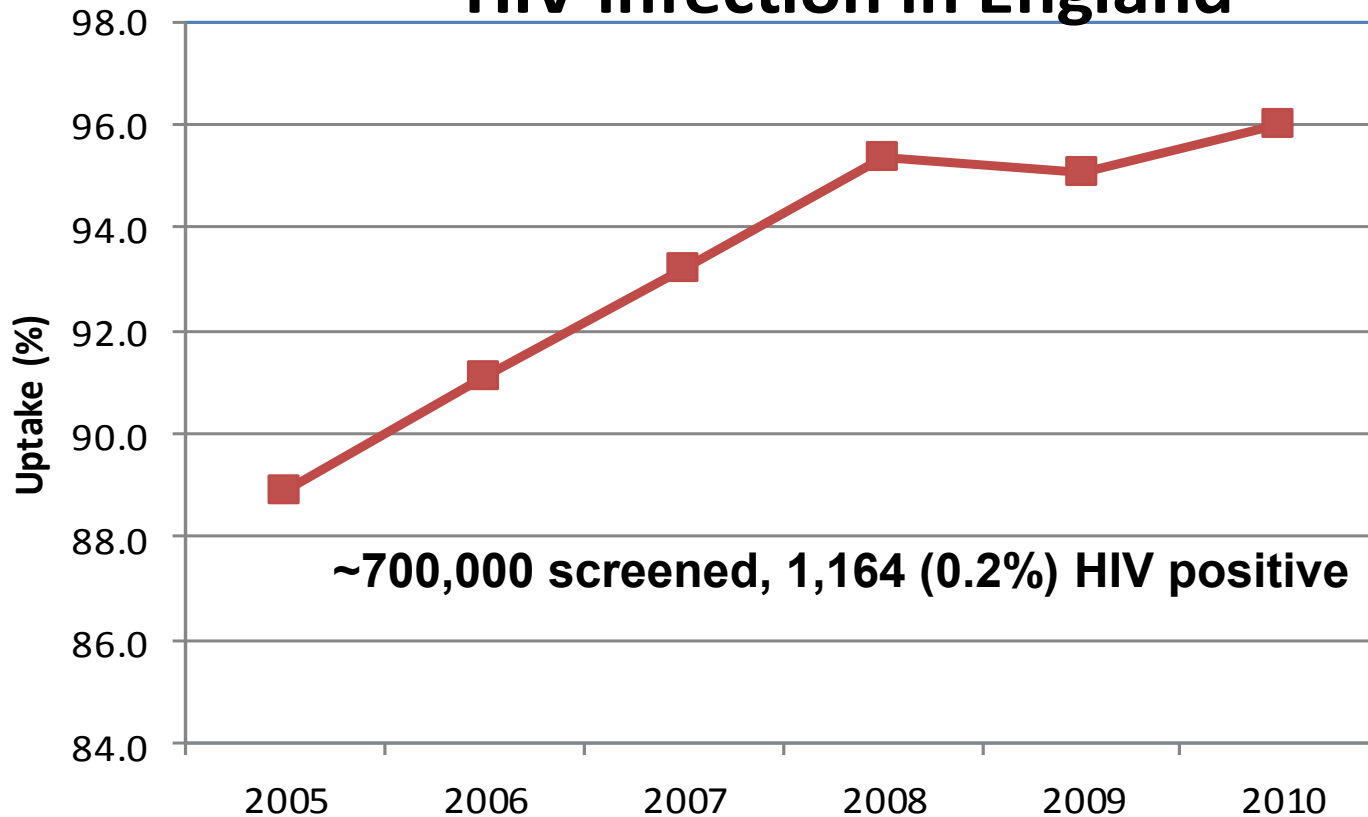
PMTCT: the four pronged strategy

- Primary prevention of HIV in parents-to-be
- Prevention of unintended pregnancies
- **Prevention of transmission of HIV from mother-to-infant**
- Appropriate treatment and care for HIV infected women and their families



National screening programme: infections in pregnancy

Estimated uptake of antenatal screening for HIV infection in England



~700,000 screened, 1,164 (0.2%) HIV positive

National Study of HIV in Pregnancy and Childhood

Comprehensive observational surveillance of obstetric and paediatric HIV in UK and Ireland, in place for >20 years

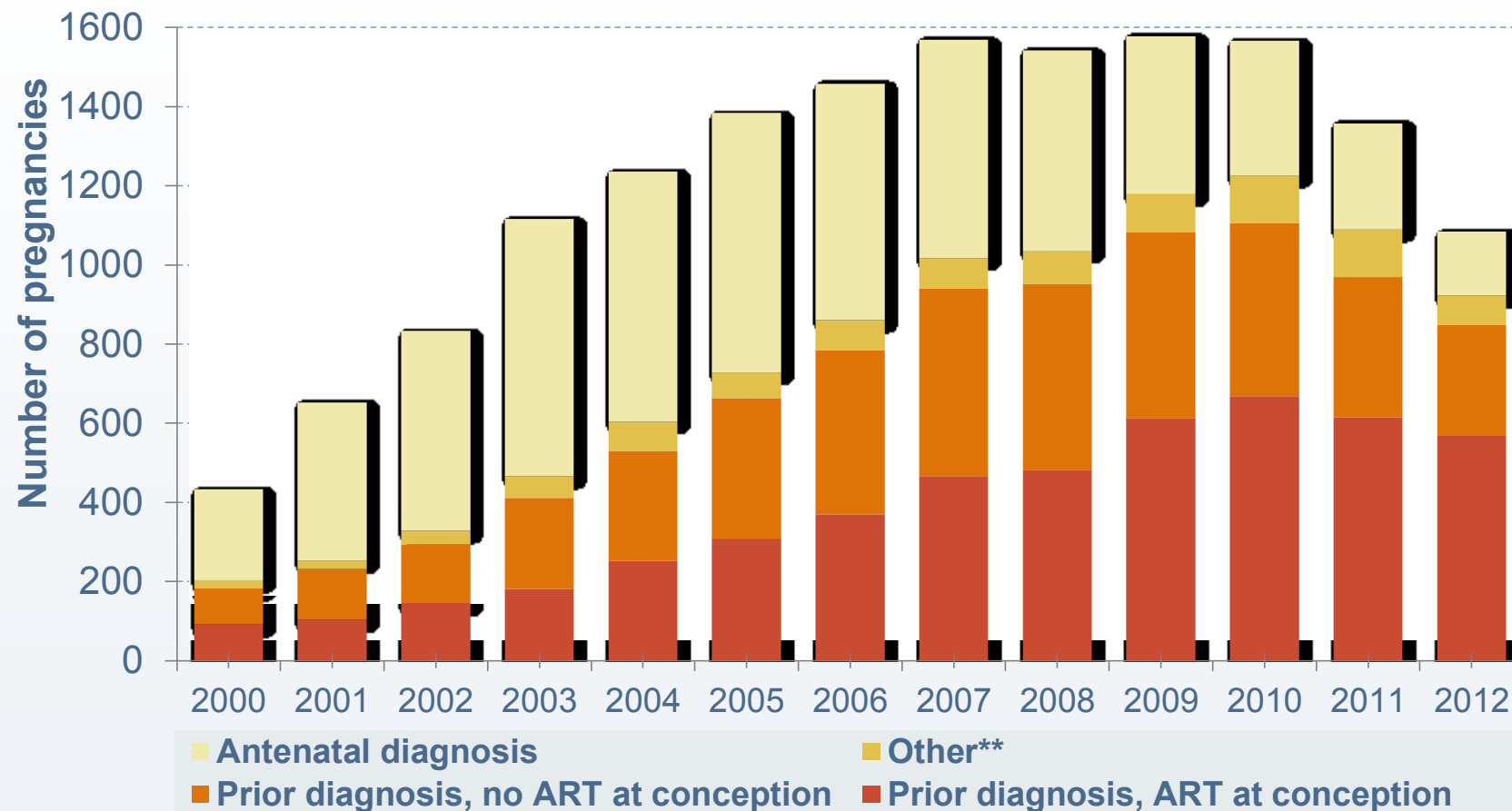
Two complementary, active, linked obstetric and paediatric reporting schemes, no interventions, no enrolment, surveillance only

Substantial feedback to respondents and HIV networks to maximise coverage and case ascertainment (>95%)

Principal Investigator: Pat Tookey, www.ucl.ac.uk/nshpc

Timing of diagnosis & ART at conception

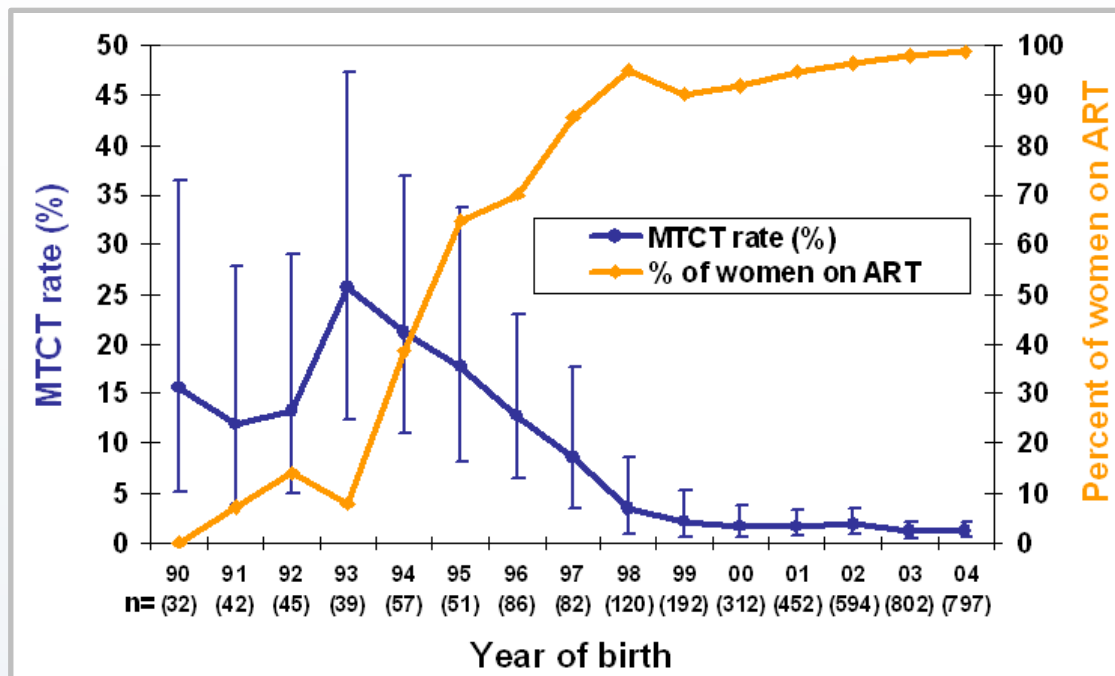
UK & Ireland 2000-2012



* All pregnancies reported by December 2012, regardless of outcome

** Other category consists of pregnancies lacking information on precise timing of diagnosis and/or ART use

Low rates of mother-to-child transmission of HIV in UK & Ireland



High uptake of ART and low rates of MTCT have continued since 2004

Uptake of antiretroviral therapy and MTCT rate (with 95% CI) by year of birth for 3703 infants born to diagnosed women 1990-2004

<http://www.ucl.ac.uk/nshpc/documents/conference-presentations/posters-2006-2010/2007-croi-townsendposter>

MTCT rates in diagnosed women in UK & Ireland 2000-2011



12,470 singleton births; 6074 in 2000-06, 6396 in 2007-11

MTCT **1.3%** (73/5730) 2000-06, **0.58%** (33/5681) 2007-11; significant decline over time ($p < 0.001$)

Impact of antenatal HIV screening

- 1200-1300 **births** a year in the UK to diagnosed women living with HIV
 - Fewer than 10 infected infants a year
- Another 20-30 infants perinatally infected each year in the UK whose mothers were not diagnosed at the time of delivery – *diagnosed when they present with symptoms or when another family member is diagnosed, often the mother in a subsequent pregnancy*

Benefits of PMTCT Programmes

- A gateway to treatment for HIV infected women and results in improved maternal health and better pregnancy outcome
- Reduction in number of children with HIV
- Early diagnosis and treatment of infants exposed to HIV infection
- Identification of family members with HIV who may need treatment and other services
- Retention of positive children and mothers in treatment programmes
- Access to family planning to reduce future unintended pregnancies
- HIV women screened negative helped to remain negative
- Improved antenatal screening for other infections

Obstacles to PMTCT Programmes

- Poor knowledge of HIV within the community and discrimination and stigma of people affected by HIV
- Lack of community support for women and families with HIV
- Inadequate health-care infrastructure, lack of trained staff
- Low antenatal screening coverage with HIV positive women remaining undiagnosed in pregnancy
- Lack of safe delivery practices
- Treatment not available or supplies inadequate
- Failure to retain infants in follow up for diagnosis and treatment

Three key points

- Strengthen PMTCT services
 - Improve links between expert HIV centres and rural PMTCT services
 - development of robust POC tests for HIV in infants with opportunity to link diagnosis and treatment
- Integrate PMTCT with maternal and child health services to improve FU of HIV infected and affected children and identify those missed in PMTCT programme
- Normalise antenatal screening (with syphilis) and improve safe delivery practices for all women

Thank you!

