



Maternal Characteristics of Women with HIV Positive Infants: a Case Series in Routine Settings in South Africa

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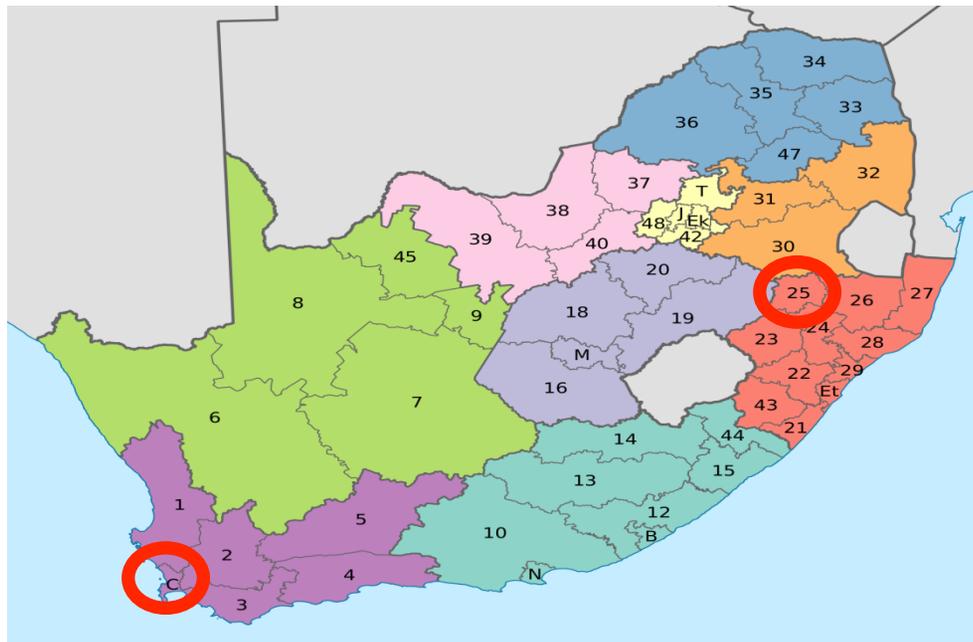
Background

- Eliminating mother-to-child transmission of HIV is a global health priority.
- Nationally, South Africa has reduced early vertical transmission to $< 2\%$.
- Despite overall progress, there is considerable variation in the uptake of the PMTCT cascade services across SA.
- Relatively little data describing the characteristics of women whose infants acquire HIV in routine settings.
- **Aim:** To describe maternal characteristics of HIV-infected infants in a routine maternal & child health program in two districts.



Methods

- Case series that included mother-infant pairs where infants tested HIV-positive (≤ 18 months) at 41 primary healthcare clinics in Amajuba and Cape Town during 2013 and 2014.
- Facilities were supported by Kheth'Impilo, a nonprofit organization supporting Dept of Health with public health innovations.
- Nurses abstracted clinical data from mother's folders on a routine basis.



Antenatal HIV prevalences (2013):

Amajuba: 39%

Cape Town Metro: 22%

% HIV exposed infants testing HIV positive at 6 weeks.

Amajuba: 1.3%

Cape Town: 1.5%

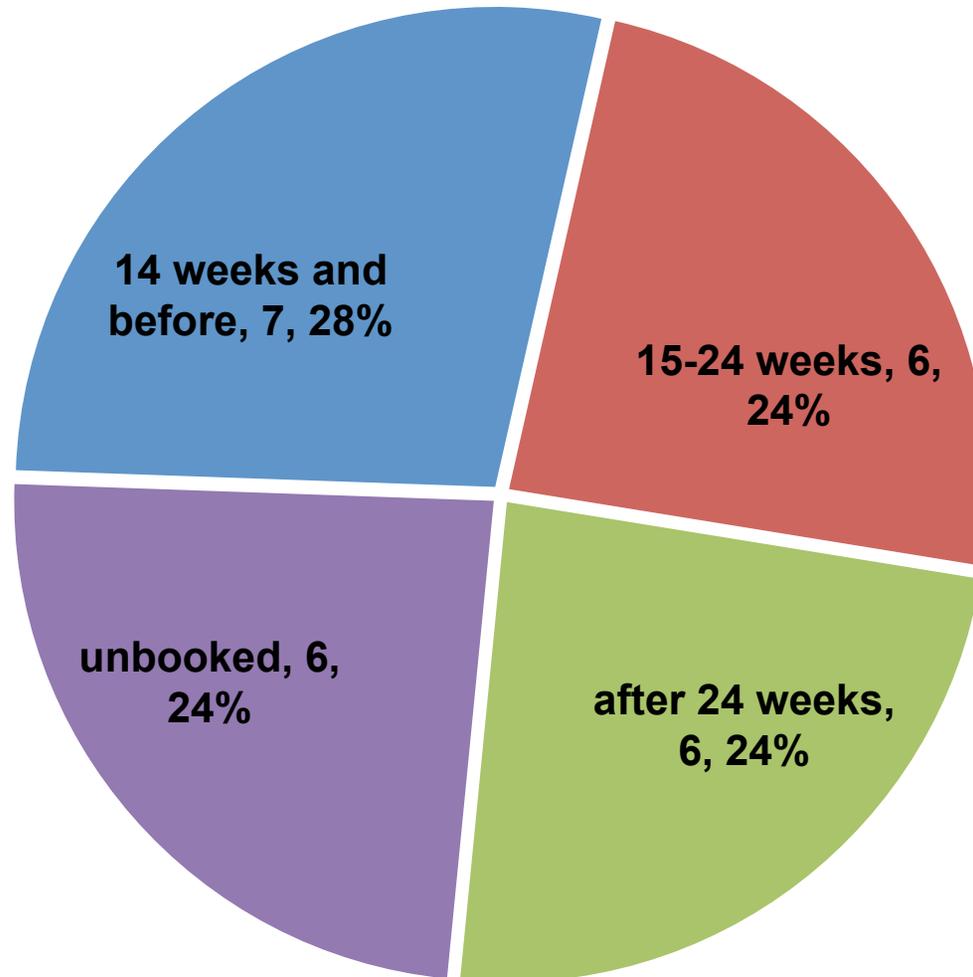


Results

- 25 mother-infant pairs included; 14 from Amajuba and 11 from Cape Town.
- Median age of mothers at delivery 23 years; 68% of women were young women (< 25 years).
- Median women's CD4 cell count: 345 cells/ μ L (IQR: 242-450).
- All women booked at PHC, but 14 (56%) delivered at hospitals.

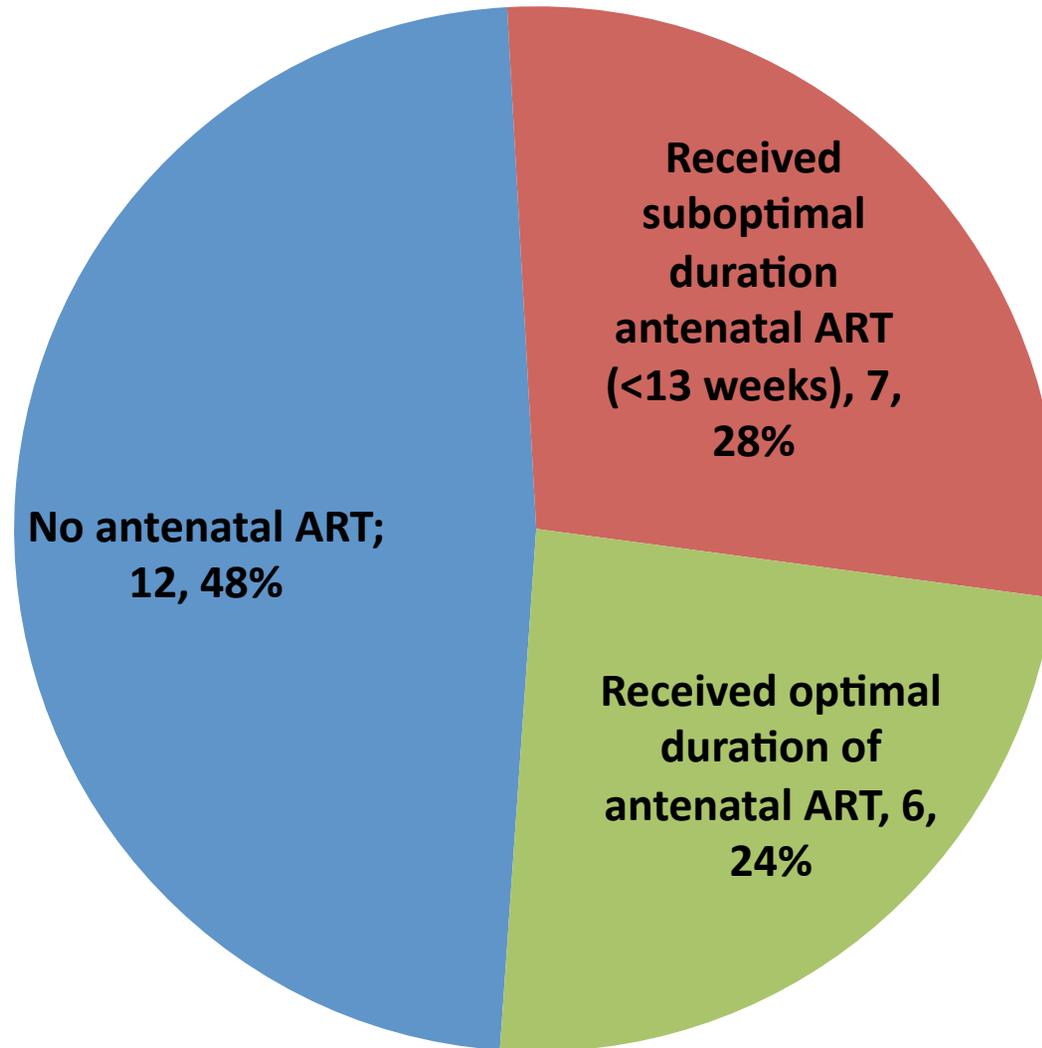


Gestational age at first antenatal clinic visit



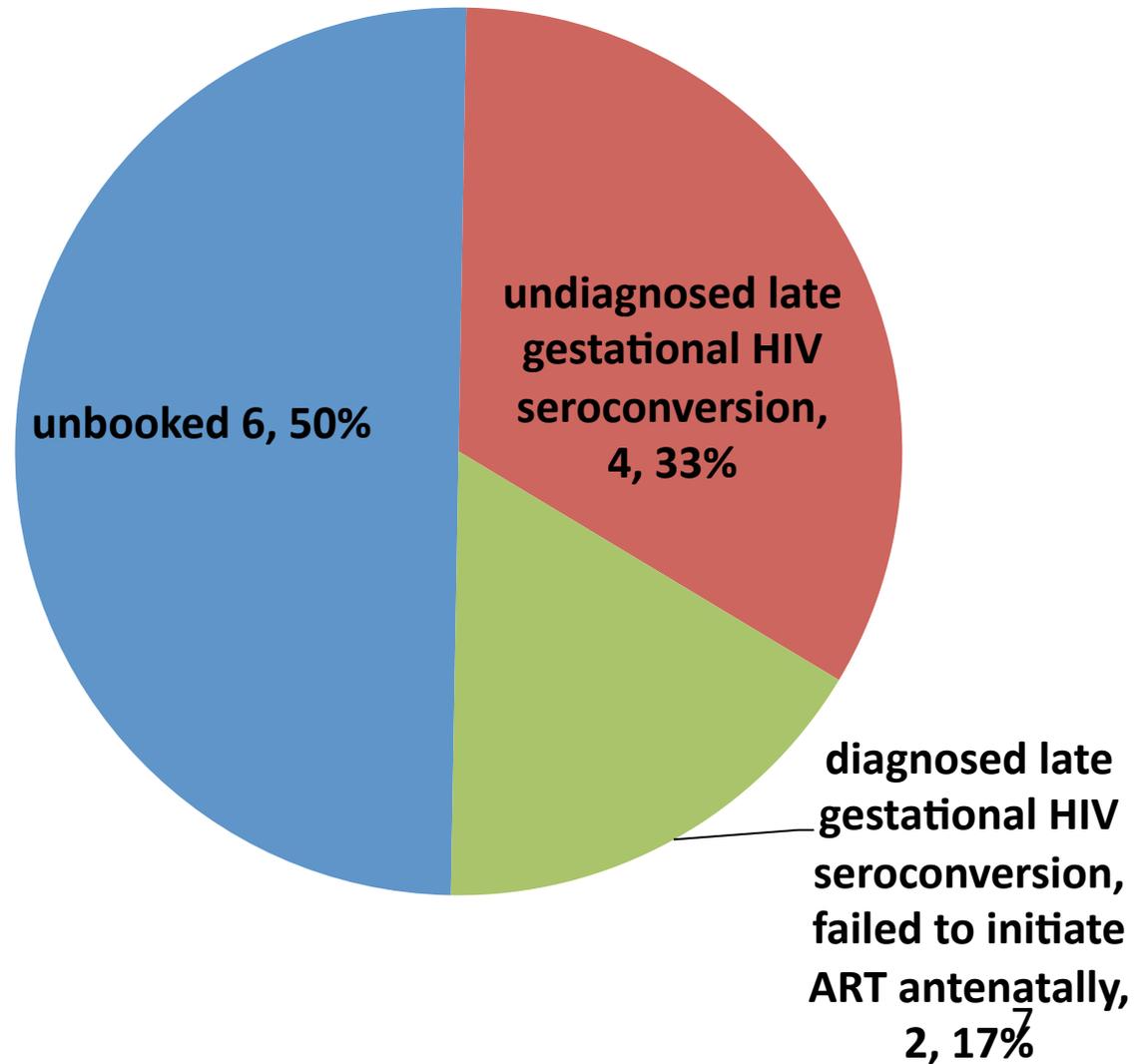


Receipt of antenatal ART



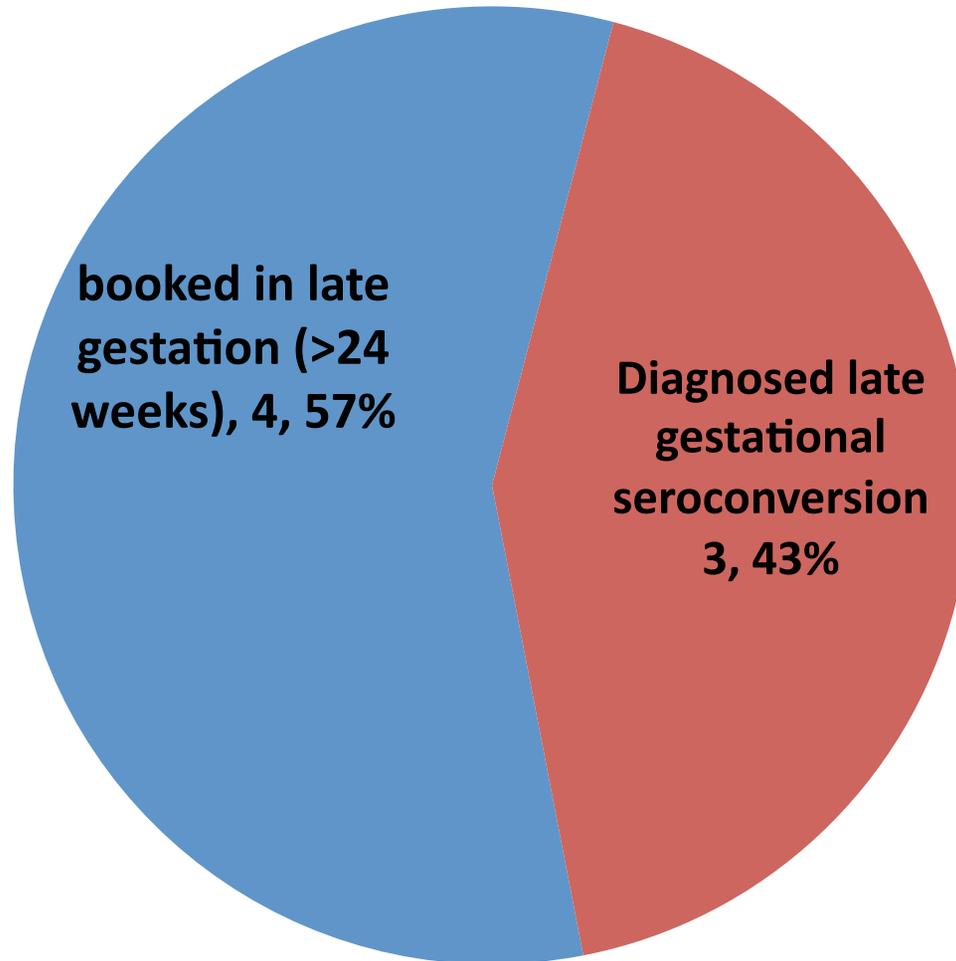


Reasons for not commencing antenatal ART (n=12)



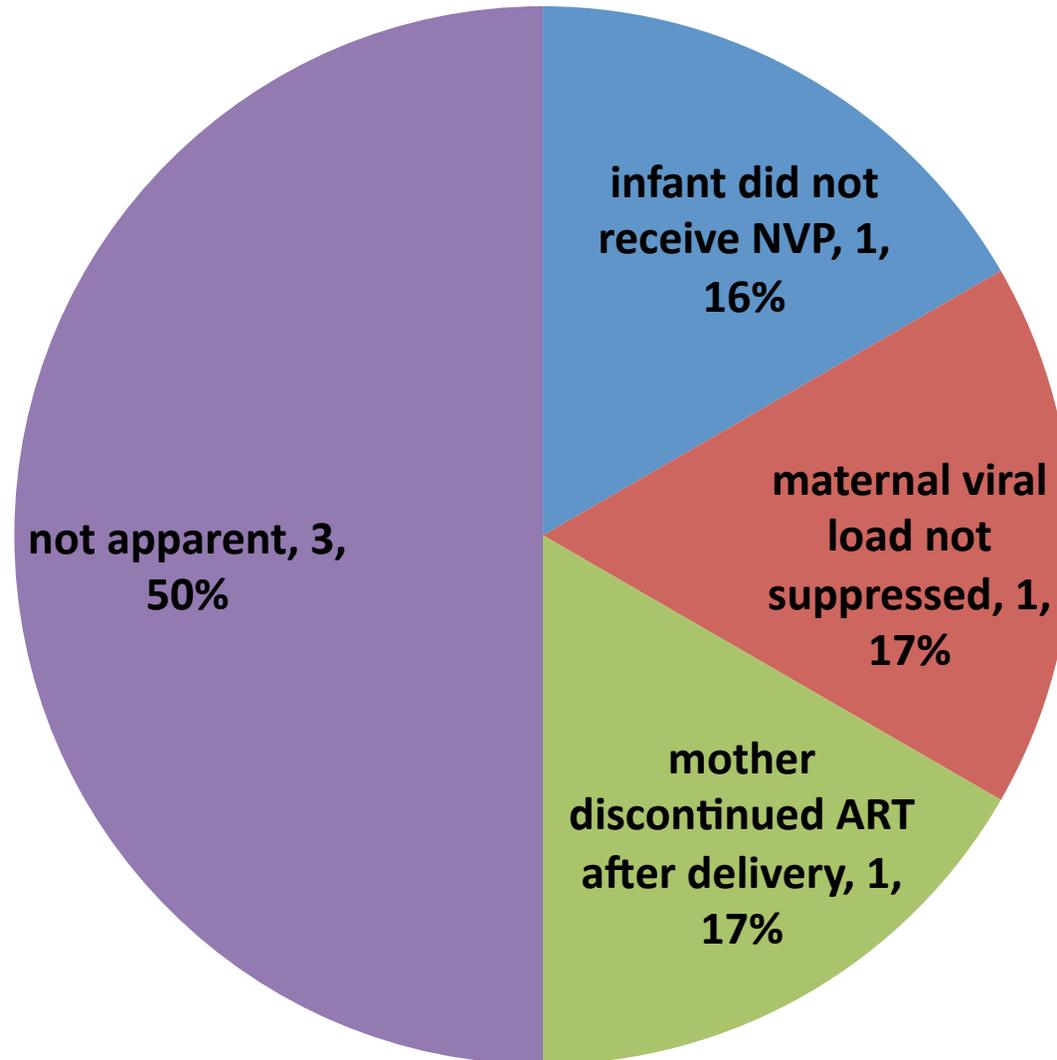


Reasons for suboptimal duration of antenatal ART (n=7)



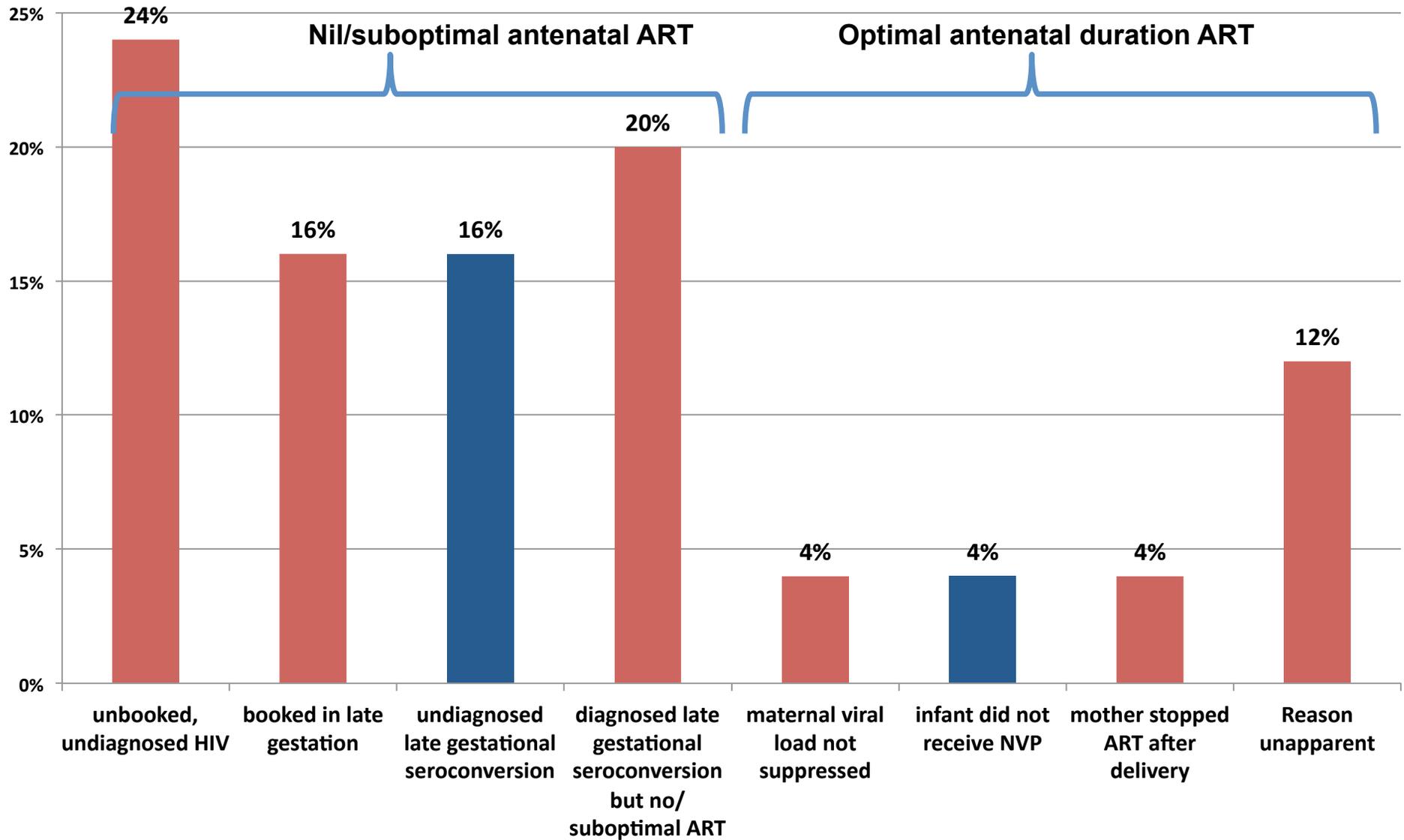


Possible reasons for transmission amongst women with optimal durations of ART (n=6)



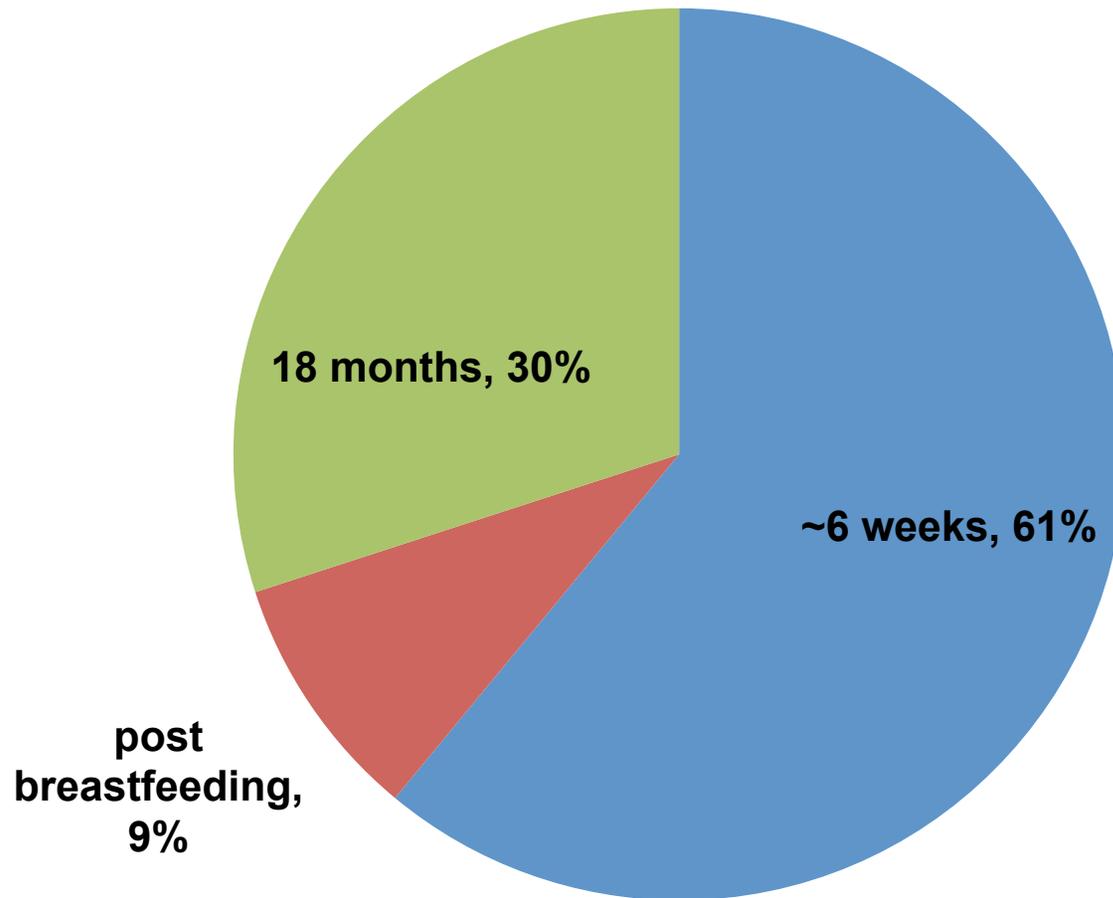


Likely reasons for transmission: All mother-infant pairs





Infant age at diagnosis



Amongst children diagnosed after 6 weeks, 55% had a negative test at 6 weeks-late postnatal transmission; remainder were not tested at 6 weeks.



Conclusions

- >2/3 rd of women whose infants acquired HIV were young women
- An array of probable reasons for vertical transmission were apparent.
- Half of women received no antiretrovirals; a high proportion of whom were unbooked antenatally.
- Late gestational HIV acquisition was associated with over a third of all vertical transmissions.
- Late postnatal transmission remains concerning, accounting for at least 20% of transmissions in this case series.
- **More frequent antenatal HIV testing** (4-6 weekly) should be considered for HIV-negative women, particularly younger women.
- Ongoing quality assurance and improvement is critical for PMTCT services.



Thank you

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