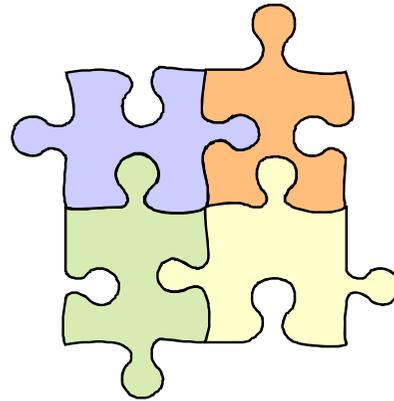




Department of Health
Republic of South Africa



SUMMARY

PMTCT GUIDELINES

FEBRUARY 2008

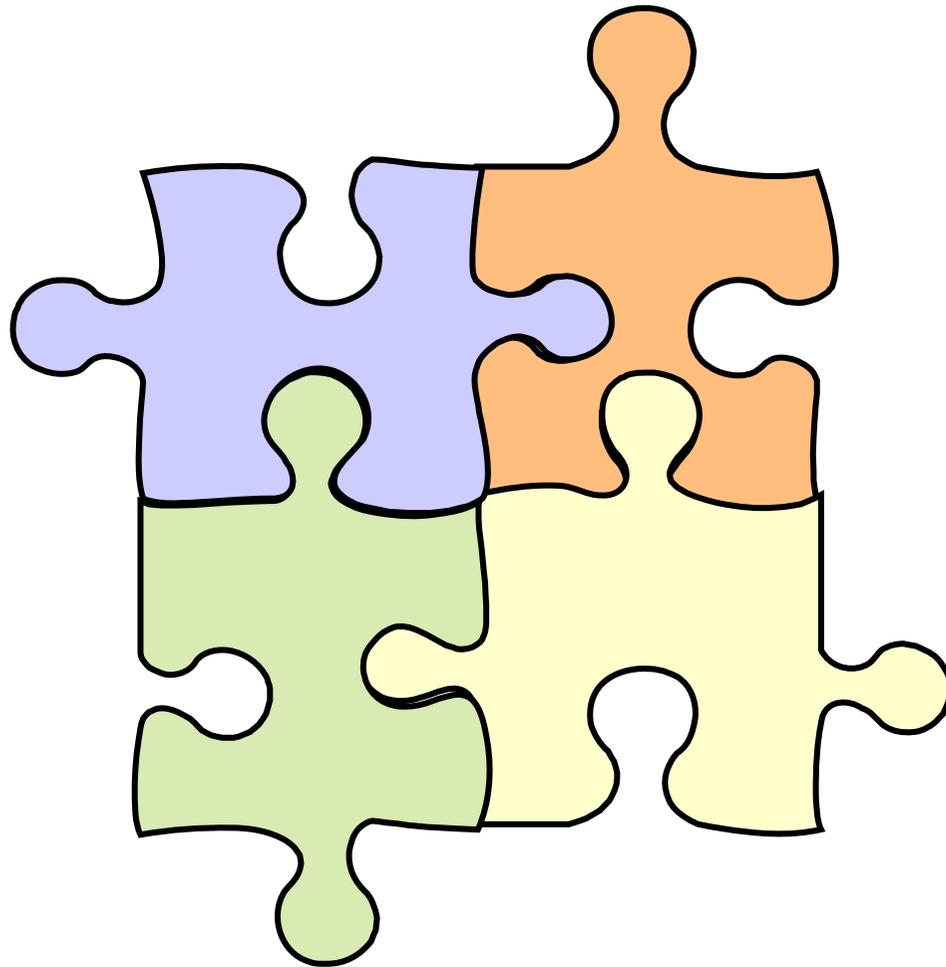


SOUTH AFRICANS AND AMERICANS
IN PARTNERSHIP TO FIGHT HIV/AIDS



USAID
FROM THE AMERICAN PEOPLE

Integration of PMTCT services



Four cornerstones:

1. Primary prevention of HIV
2. Prevention of unintended pregnancies among HIV-infected women
3. Prevention of HIV transmission from HIV-infected women to their children
4. Provision of treatment, care and support for women living with HIV / AIDS, their children and families



What is PMTCT

- PMTCT = *Prevention of Mother To Child Transmission*
- it is now *more* than Prevention of transmission of HIV from an HIV positive woman during pregnancy , delivery or breastfeeding to her child



Discussion

- What were the downfalls , short comings and inefficiencies in the present PMTCT programme ?
- late presentation of pregnant women
- inability to test all pregnant women
- sdNVP protects the baby , not the mother
- CD4 count results :
 - delays
 - returning for results
 - “lost”

Discussion

- lack of resources (human & equipment)
- loss to follow up of pregnant women and HIV-exposed babies
- lack of intergration of PMTCT with other health disciplines eg TB clinic etc



Discussion

- What do you think should be done to improve the PMTCT programme?
- test all pregnant women
- obtain CD4 timeously
- give ARV's to all pregnant women
- train all healthcare workers
- attach all pregnant women to the community health care worker

AIMS

- to decrease the number of HIV infected babies born HIV positive mothers
- *Primary Prevention* of HIV amongst women of childbearing age.
- Prevention of unwanted pregnancies.
- Integration of PMTCT Interventions.
- Follow-up of the mother and the baby post-delivery.

Guiding Principles

- The principals guiding the national PMTCT policy include comprehensive care management
- These Principles are:
 - Supportive Leadership
 - Effective communication
 - Effective Partnership
 - Tackling Inequality and Poverty using scientific evidence
 - Protecting and respecting children
 - Rights of women to information, Tx, Mx and care
 - Duty and responsibility of all healthcare personnel

The PMTCT Policy and Guidelines

- There are four Stages of PMTCT interventions outlined in the Guidelines ;
 - Primary prevention of HIV / AIDS
 - Antenatal prevention.
 - Labour and Delivery prevention.
 - Post – natal prevention.



The PMTCT Policy and Guidelines

First visit

- Test all pregnant women after confirming the pregnancy. Counsel on treatment options eg TOP.
- if HIV negative, counsel to remain HIV negative and retest at 36weeks gestation
- if HIV positive, post-test counseling
 - perform a CD4 count
 - comprehensive physical examination
 - Staging
 - screen for TB
 - perform all the ANC Bloods

FIRST VISIT

- attach to a community Health Care Worker.
- explain to the patient who is a CHW and why is he or she needed.
- enrol with a counsellor.
- arrange for the next appointment in one week.
- explain the importance of attending the next appointment.

SECOND VISIT

- a complete physical exam and staging.
- check all blood results , especially CD4 and Hb
- document all blood results
- further counselling , if needed
- arrange the next appointment



THIRD VISIT

- Literacy Training and Adherence Training.
- counsel on feeding options.
- assess if she qualifies for AFFASS.
- if all the above has been done , give either full HAART or PMTCT regime, depending on the CD4 count , staging and gestation .
- , monitor the patient as per individual patient needs.

The Drugs that are given for PMTCT

- If $CD4 \leq 200$ cells/mm³ and/or Stage IV should be prioritized to initiate HAART
 - Regime 1b is preferred for pregnant women (D4T+3TC+NVP)
 - Regime 1a, switch EFV to NVP
- $CD4 > 200$, put on dual therapy as follows
 - Start AZT at 28 weeks onwards
 - sdNVP + AZT at onset of labor on a 3 hourly basis
 - if in false labor continue with AZT
- Un-booked women presenting in labour
 - test HIV status, if HIV positiv, give AZT 3 hourly and sdNVP

The Drugs that are given for PMTCT

- CD4 < 50, start ARV's ASAP .
- Regimen for exposed infants
 - sdNVP + AZT for 7days if the mother received AZT or HAART > 4 weeks
 - sdNVP + AZT for 28 days if the mother received AZT or HAART < 4 weeks and if mother received sdNVP

Breast feed for 6 months unless AFFAS (continue BF if infant HIV +)

AZT adverse events

- AZT causes bone marrow depression, resulting in anaemia (low Hb) and pancytopenia which is (↓ Hb , ↓ WCC and ↓ platelets)
- all patients given AZT should have their Hb checked and documented
- Hb > 10, then start AZT and check Hb in 2 weeks time ,if Hb is decreasing ,stop AZT and refer to the doctor.

AZT and anaemia

- Hb 8 -10 ,start AZT with caution and do FBC with differential count, and repeat FBC in 1 week. if it decreases , stop AZT and refer to the doctor.
- Hb < 8 , refer to the doctor
- investigate for other medical causes for anaemia

Note: National Guidelines use cut off of 7 g/dl HB

**Anna Coutsooudis. Strategies to Reduce Breast-feeding transmission
and Improve Childhood Mortality.**

IAPAC Conference, Johannesburg. November 2005

**“when *replacement feeding* is
acceptable
feasible
affordable
sustainable
safe
avoidance of all breastfeeding by
HIV-infected mothers is recommended.”**

UNAIDS/WHO/UNICEF guidelines: the AFASS criteria

Scale up of the Programme

1. Enhanced Government leadership, ownership and accountability
2. Integrate and decentralise services ^{DBS}
3. Promote early identification
4. Procurement
5. Lab capacity
6. Community (identify HIV)
7. M & E

The future - National Strategic Plan (NSP) for HIV / AIDS

2007 – 2011

South Africa



Introduction*

- SA response to HIV / AIDS has evolved over the last few years
- R45 billion for next 3 years
- began with Strategic Plan for HIV/AIDS in 2000 – 2005, and the Comprehensive Plan for the Management, Care and Treatment

* From Forward to National Antiretroviral Treatment Guidelines (1st Edition, 2004 – Minister of Health)

AIDS drive

- Health Department has announced a R190 million for 2 year tender in July 2007
- 5 communication themes:
 - HIV / AIDS prevention
 - care, treatment and support
 - nutrition and HIV / AIDS
 - Health promotion
 - TB and HIV



Aims

- **halving** the rate of HIV infection in the next 5 years
- provide care and treatment to **80%** of those who are HIV +
- by Jan 2007 there were 250 000 on ARV's and another 100 000 on the private sector
- 5 million positive, then 17% (850 000) should be on ARV's (but not the case at the moment)
500 000 ? 10% have CD4 < 200

The Plan - Prevention

- target population is \pm 5.54 million (18.8%) South Africans living with HIV in 2005
- reduce HIV incidence rate by 50% by 2011
- keep HIV- people negative
- reduce vulnerability to HIV infection
- reduce sexual transmission of HIV
- reduce the incidence of HIV in children



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Thank you for your attention

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absolute return for kids



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