

# Preliminary Assessment of the Impact of Multidrug Antiretroviral PMTCT Regimens Using DNA-PCR Test: Maseru, Lesotho

Authors: Esayas OKUBAMICHAEL, Raphael NTUMY, Charles MUGIZI Melody  
MANYASHA, Alana HAIRSTON, Matseliso MASHAPHA, Malisebo MPHALE,  
Cristiane COSTA, Elaine J. ABRAMS



**ICAP**

International Center for AIDS  
Care and Treatment Programs

MAILMAN SCHOOL OF PUBLIC HEALTH  
Columbia University



**USAID**  
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# Background

## Lesotho

- Population: 1.8 million
- Adult HIV prevalence: 23.2%
- HIV prevalence among ANC clients 25.7%

## Queen Elizabeth II Hospital (QEII)

- National Referral Hospital
- Annual ANC attendees: 2400
- HIV testing uptake at ANC: ~91%
- HIV prevalence among ANC attendees: 35%



# ICAP MTCT-Plus Support at QEII

- ICAP MTCT-Plus program initiated in January 2006
- ICAP works with EGPAF to enhance PMTCT services
- ICAP supports a wide range of services needed by HIV-infected pregnant women and their families including:
  - Identifying HIV-infected pregnant women eligible for treatment and initiating treatment at the MCH
  - Follow-up and care of HIV-exposed infants, including early infant diagnosis and rapid enrollment into care and treatment

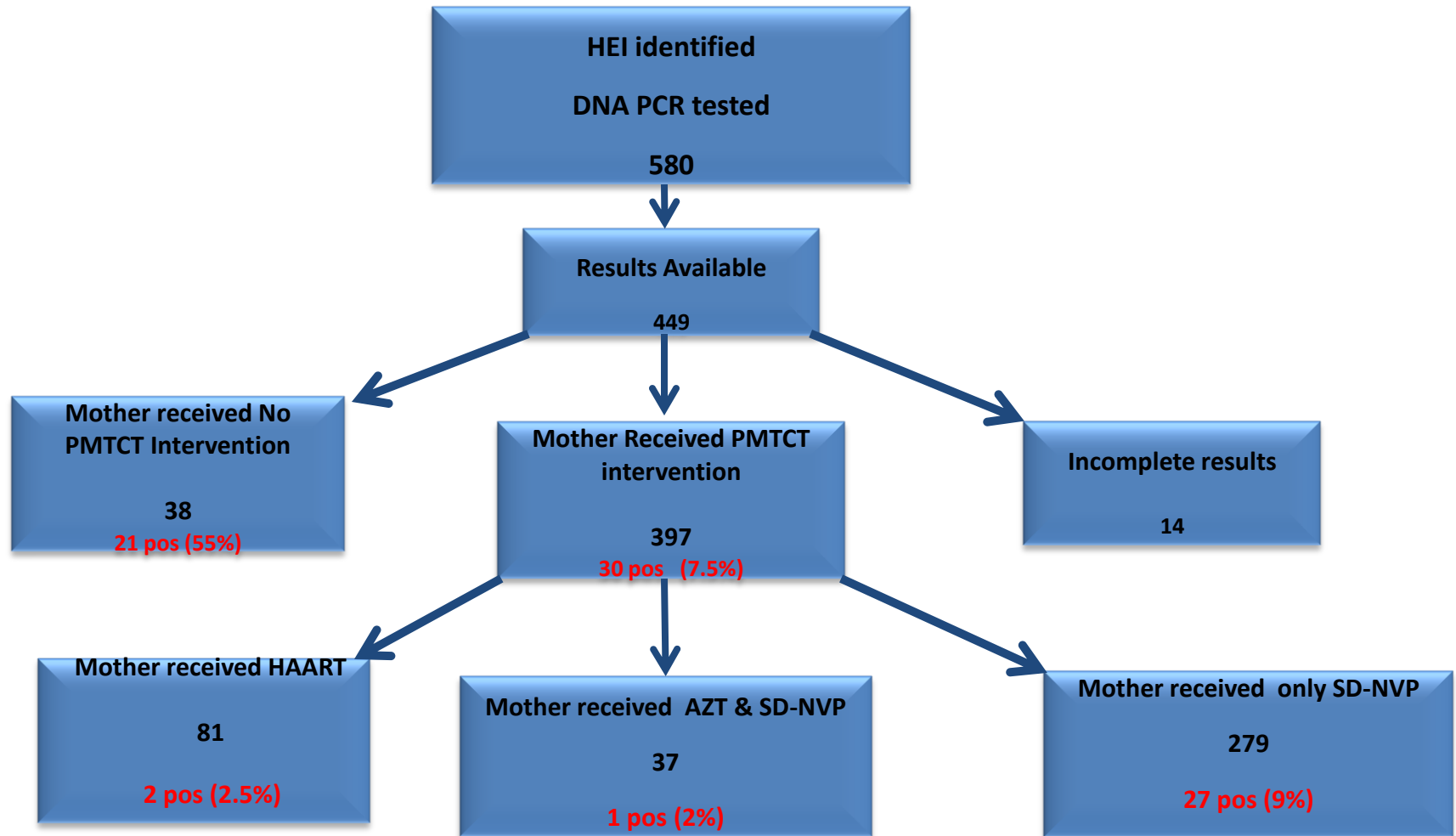
# Method

- Retrospective pediatric cohort analysis on 580 HEI identified in the QEII PMTCT infant follow-up clinic from August 2006 to November 2007
  - This is not a perinatal cohort
- DNA PCR by DBS for HEI ~ 6 weeks sent to National Institute for Communicable Diseases (NICD) in South Africa
- Data were collected and reviewed from EID register looking at maternal PMTCT regimen

# ART Regimens for PMTCT in Lesotho

- 2003-2006
  - SD-NVP to mother and child
- 2006
  - HAART for women with  $CD4 \leq 350/mm^3$
  - SD-NVP for women with  $CD4 > 350/mm^3$
- 2007
  - AZT starting at 28 weeks introduced for women with  $CD4 > 350/mm^3$
- EID became available in August 2006

# DNA PCR results of HIV Exposed infants QEII Hospital



# Conclusions

- Introducing the multidrug ARV PMTCT regimens feasible in resource constrained settings
- The recommended approach of HAART for pregnant women with advanced HIV disease and AZT for healthier women appears to be highly effective to lower the risk of MTCT)
  - Few babies were determined to be infected on early PCR testing
- Limitations: results need to be interpreted with caution:
  - Only early outcomes in a breast-feeding population
  - Not a perinatal cohort

# Ongoing Challenges

- Integrating comprehensive HIV care and treatment services within MCH
- Maintaining the continuum of care along MTCT-Plus and enrolling HEI into care
- Post-natal follow up of mothers
- Infant feeding choices
- Multifaceted health care worker shortages
- Lack of in country DNA-PCR test services

# Key recommendations

- Based on current evidence, feasibility & effectiveness, resource constrained countries should urgently introduce multidrug ARV PMTCT regimens
- National HIV programs should endeavor to establish EID not only as a means to assess the impact of PMTCT programs, but also as critical first step in providing care & treatment for the HIV-infected infants

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