

Poster presentation

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HIV maternal-fetal transmission in a low resources setting in the outskirts of Buenos Aires, Argentina

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from Ninth International Congress on Drug Therapy in HIV Infection
Glasgow, UK. 9–13 November 2008

Published: 10 November 2008

Journal of the International AIDS Society 2008, 11(Suppl 1):P227 doi:10.1186/1758-2652-11-S1-P227

This abstract is available from: <http://www.jiasociety.org/content/11/S1/P227>

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Purpose of the study

HIV maternal-fetal transmission (MFT-HIV) in Argentina is around 6%, one of the highest rates in Latin America. Most cases occur in the outskirts of Buenos Aires, a highly populated, low resources setting where the hospitals of this study are located. Our objective was to assess reasons, risk factors and percentage of MFT-HIV, characteristics of HIV+ pregnant women (PW), and evaluation of preventive measurements.

Methods

Prospective, descriptive, study of HIV+ PW and their newborns (NB) from 1997 to 2006 in two hospitals of Buenos Aires Province, Argentina.

Summary of results

211 HIV+ mother-child binomium were evaluated, and 171 (81%) NB were studied: nine acquired HIV (5.26%) (at least one PCR+ or ELISA+ at 18 months). Mean mother's age 26.8 years (15–40): MFT+: 29 years vs. MFT-: 27.2 years ($p = 0.31$). Way of HIV acquisition: sexual (96.2%), intravenous drug use (2.5%), blood transfusion (1.3%); all TMF+ sexual ($p = 0.59$).

Seventy-three (42.7%) women began HIV follow-up previous to pregnancy: 6 TMF+ vs. 67 TMF- ($p = 0.13$); 19 (11.1%) before 14 weeks: all NFT-; 36 (21%) between 15–28 weeks: all NFT-, 32 (18.7%) after 29 weeks: all NFT-;

and 11 (6.4%) post-partum: 2 TMF+ vs. 9 TMF- ($p = 0.0047$).

During pregnancy, 134 (63.5%) women received ART: AZT (11.5%), AZT-ddI (0.6%), AZT-3TC (3.6%), AZT-3TC-IDV/RIV (1.2%), AZT-3TC-LPV/RIV (0.6%), AZT-3TC-NFV (7.9%), AZT-3TC-NVP (66.6%), AZT-3TC-SQV/RIV (7.9%); 34 MFT- and 3 MFT+ did not receive ($p = 0.38$) Viral load (VL) measured previous to labor in 73 (42.7%) women: 43 <1000 (58.9%). VL was not available in 89 MFT- and 9 MFT+ ($p = 0.02$). 109 (63.7%) were elective Caesarean: 56 MFT- vs. 3 MFT+ ($p = 0.11$) In 145 (84.4%) cases, i.v. AZT was administered intra-labor; 4 MFT+ vs. 22 MFT- did not receive intra-partum AZT ($p = 0.042$) One NB died perinatally (0.58%). Mean gestational age: 37.9 weeks. MFT-: 38.0 vs. MFT+: 39.1 ($p = 0.0302$); eight (4.67%) NB premature, all MFT- ($p = 0.49$). Mean birth weight 2,895.7 g (1,450–4,500). MFT-: 2,884 g vs. MFT+ 3,093 g ($p = 0.0938$); 42 NB (24.6%) presented low birth weight; MFT-: 41 vs. MFT+: 1 ($p = 0.33$).

163 (95.3%) NB received ART: AZT(93.9%), AZT-3TC-NVP (5.52%), AZT-NVP (0.6%); 6 MFT- and 2 TMF+ did not ($p = 0.013$). Nine (5.26%) NB were breastfed, 7 MFT- vs. 2 MFT+ ($p = 0.019$).

Conclusion

Beginning of HIV follow-up post-partum, availability of VL result at the moment of delivery, AZT intra-partum, higher gestational age, lack of administration of ART to the newborn, and breastfeeding were significant for HIV-MFT. It is mandatory to re-affirm the importance of the fulfillment of measures destined to diminish the probability of HIV-MFT.

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