

Prevention of Mother To Child Transmission of HIV (PMTCT) in a rural setting: the experience of the Segou region in Mali

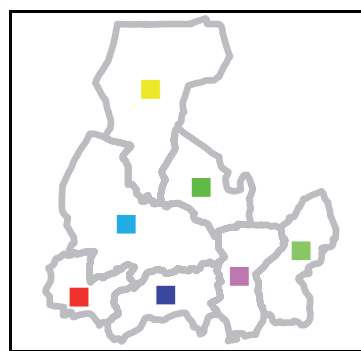
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Background

PMTCT program in decentralized regions of Mali began in 2004, promoted by the Sectorial Committee against AIDS (CSLCS)

PMTCT in the Segou region, October 2008



National PMTCT guidelines : revision ongoing

Mother	Change EFV to NVP or IP/r
- HAART ongoing	WHO III, IV and/or CD4 <350
- HAART indication	Accredited centre: HAART as soon as possible
	If not: AZT/3TC (>28W) +sdNVP +AZT/3TC 2W
- No HAART indication	WHO II and/or CD4 >350
	Accredited centre: HAART (*) >28W
	If not: AZT/3TC (>28W) +sdNVP +AZT/3TC 2W
- Late diagnosis (> 36W)	AZT/3TC+sdNVP +/- AZT intrapartum + AZT/3TC 2W
Newborn	Mother completed prophylaxis
	sdNVP + AZT 2W
	Mother not completed or any prophylaxis
	sdNVP + AZT/3TC 4W
Breastfeeding	Replacement feeding

Objective

To describe the three years experience of PMTCT implementation in 8 districts of Segou region (January 2005 - September 2008).

Methods

Analysis of clinical and virological data of HIV positives women and their children collected in a centralized regional database:

- PMTCT activities in the region of Segou.
- Analysis of clinical and virological characteristics of followed-up newborns and their mothers.

Results

1. PMTCT in the Ségou region

Women attending ANC (Ante-Natal Care) visit	62.265
Counselling and testing offered	46.901 (75%)
Testing acceptance and execution	43.339 (92%)
HIV-positive women	673 (1.5%)
Total deliveries in Health Care structures	338 (50%)

Maternal ARV prophylaxis (PMTCT national guidelines)	
- Completed => HAART	190 (56%)
- Incomplete	94 (49.4%)
- Intrapartum	26 (8%)
- Any prophylaxis	55 (16%)
- Any prophylaxis	67 (20%)
Total	338

2. Newborns follow-up

As of September 2008, 103 (31%) newborns are still followed-up

Maternal prophylaxis	
Completed = 83 (81%) =>HAART = 76 (74%)	
Incomplete = 11 (10%)	
None = 9 (9%)	

Feeding options	
Replacement feeding = 62 (60%)	
Breastfeeding on ART = 37 (36%)	
Other = 4 (4%)	

Newborns prophylaxis (n=92)	
Completed = 68 (74%)	
HAART (clinical signs) = 8 (9%)	
None = 16 (17%)	

Maternal characteristics	
Median age at delivery = 29.5 yrs	
HIV1 infection = 98%; HIV2 infection = 2%	
Median CD4 count* = 351 cells/mm ³ *during pregnancy	

Virological diagnosis of HIV infection in children		
	PCR1 (n=102)	PCR2 (n=25)
Median age (months) [IQR]	3.2 [3.1 - 9.8]	11.3 [7.7 - 12.5]
Positive	7 (7%)	1
Negative	88 (85%)	24
N.D.	8 (8%)	0

Conclusion(s)

- Feasibility of large scale implementation of HIV screening and PMTCT programs in decentralised ANC structures.
- Simplification of PMTCT protocol and paramedical commitment for HAART initiation and follow-up during pregnancy should be encouraged.
- Poor rate of follow-up for newborns argues for improvements in care for HIV- exposed infants.

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