

Poster presentation

Materno-fetal transmission of HIV infection in Constanta county in the last 8 years

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Purpose of the study

Constanta is the county most affected by HIV in Romania. The increasing number of children exposed to HIV through mother-to-child transmission has been obvious in the past few years due to the improvements in the diagnosis of the HIV+ women, and due to the fact that the HIV+ girls have reached the reproduction age. Our aim has been to evaluate mother-to-child transmission of HIV infection in Constanta county over a period of 8 years.

Methods

Retrospective study on the children born from HIV+ mothers between January 2000 to June 2008. Relevant parameters checked in children: birth-weight, duration and type of antiretroviral treatment (ARVT) received, ELISA-HIV and viral load. Relevant parameters checked in mothers were: pregnancy stage, type of delivery, ARVT received previously/during delivery, social and marital status, viral load and CD4 count.

Summary of results

69 children and 56 HIV+ mothers have been monitored and supervised. Out of the 63 children alive, 10 are HIV+, 32 are HIV- and 22 under evaluation. Out of the 69 children born from HIV+ mothers, one is lost from records, and four deceased; 54 children received ARVT after birth. Fifty newborn from HIV+ mothers presented normal weight at delivery and 14 presented low birth-weight. At the most recent evaluation, all 21 children who were still under evaluation present viral load <50 copies/ml. Out of

all HIV+ mothers, 31 were under ARVT before pregnancy; nine started to receive ARVT during pregnancy; and three during delivery. From all deliveries, 14 were vaginal and 55 were by Caesarean section. Nineteen HIV+ mothers were married and 37 were unmarried. We registered two deaths in mothers, one after delivery and the second one in the first 6 months after delivery. From all HIV+ mothers before delivery, 24 presented undetectable viral load, seven presented unknown viral load, and 25 presented detectable viral load.

Conclusion

After January 2000, the mother-to-child transmission rate decreased gradually to 15.62%. The mother-to-child transmission rate decreased more obviously during the last 3 years. It is absolutely necessary to make the diagnosis of HIV in pregnant women. We should administrate ARVT both in the pregnant woman and in the newborn according to the current recommendations of the national and international guidelines. The majority of HIV+ mothers (66%) who had children were unmarried and of poor socio-economic status.