



VIRAL LOAD AFTER ART INITIATION AMONG WOMEN IN A PMTCT B+ PROGRAMME IN ZIMBABWE

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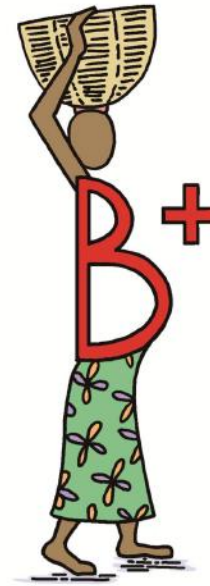
BACKGROUND

- The WHO 2013 guidelines-all HIV-infected pregnant and breastfeeding women take ART to prevent mother-to-child transmission (PMTCT B+).
- Routine VL monitoring adopted in Zimbabwe allowing for timely monitoring of PMTCT B+ women initiated on ART
- A high viral load (VL) (>1000 copies/ml) is associated with higher rates of MTCT.

PMTCT B+

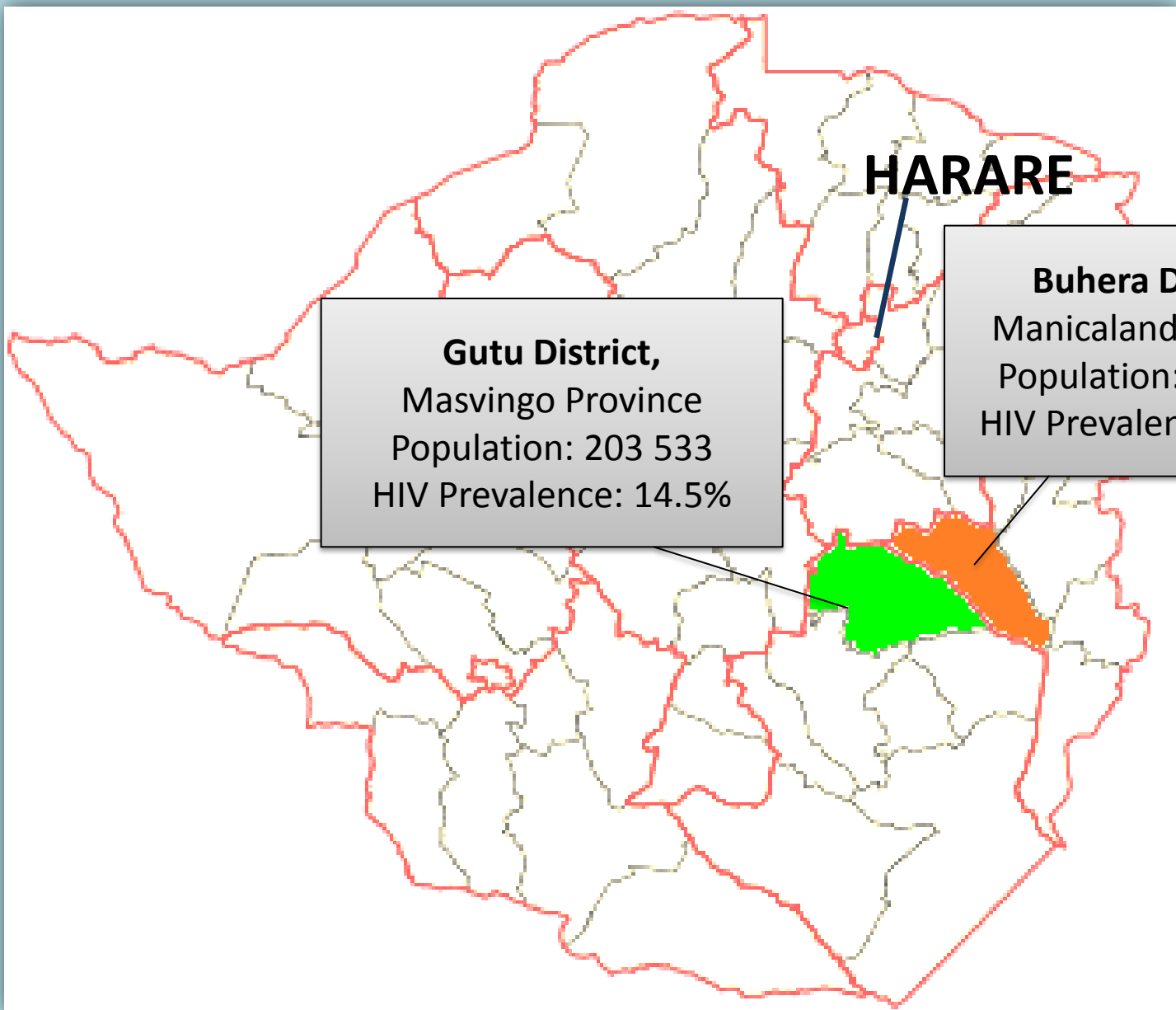
HIV / AIDS

Preventing
Mother
To
Child
Transmission



- All HIV positive (pregnant/breastfeeding)
- At first contact/Rapid initiation
- For life
- For mother and child

Setting

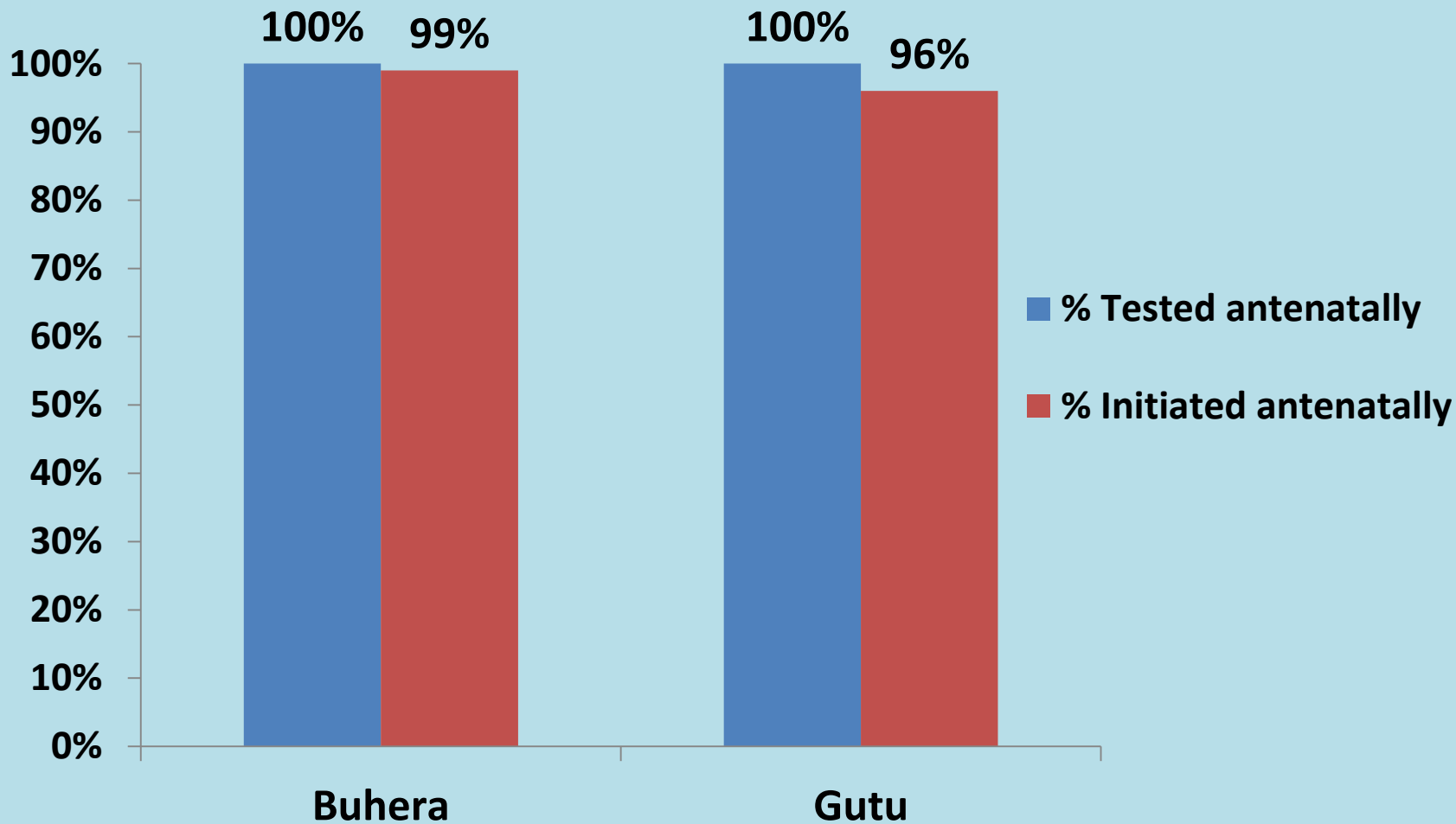


HARARE

Gutu District,
Masvingo Province
Population: 203 533
HIV Prevalence: 14.5%

Buhera District,
Manicaland Province
Population: 257 318
HIV Prevalence: 15.7%

Testing and ART initiation coverage in Antenatal Clinic



Viral Load Algorithm

Frequency of Viral Load

Monitoring:

- Month 3, then yearly for all on ART;
- **CD4 monitoring stopped;** Triggered CD4 if VL > 1000 copies/ml

PMTCT B+

- As above
- *Then every 6 months instead of annually*

Viral Load Testing

Immunologic ART T and then e

• Refer for (EAC)

1st EAC session on day of result

2nd EAC ses (if required given)

Repeat VL been succe

• Refer switch

• Gather clinicians and counselors

- If VL ≥ 1000 copies/ml but > 0.5 log drop
→ Repeat VL after 3 months
- If VL ≥ 1000 copies/ml and < 0.5 log drop, and if no outstanding adherence challenges, consider switch to second line if > 6 months on ART

Women already on ART who fall pregnant

- *every 6 months*

Threshold for action

- 1000 copies/ml, (counselling and switch)

OBJECTIVE AND METHODOLOGY

OBJECTIVE: To determine:

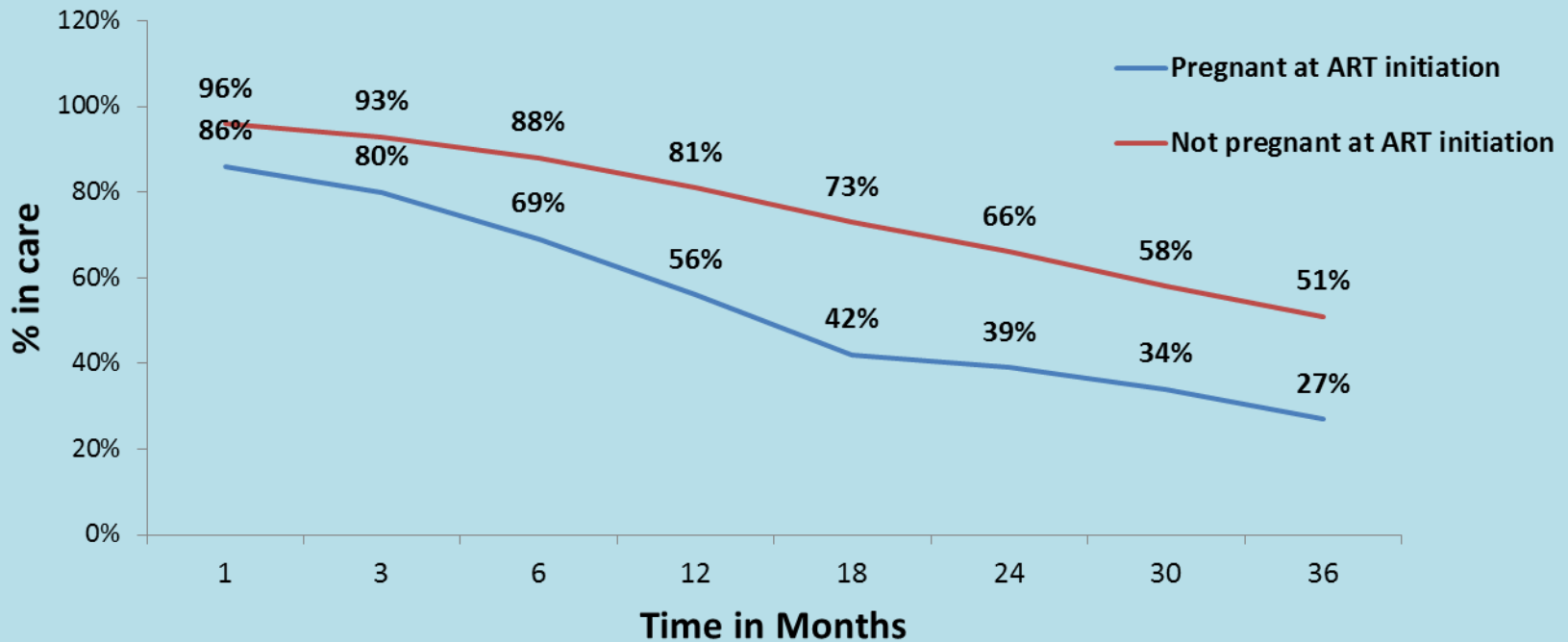
- Retention of women initiated on ART in PMTCT
- % of PMTCT B+ women with a VL >1000 copies /ml at 3 months and associated risk factors
- % of women already on ART who get pregnant, with a VL > 1000 copies/ml

METHODOLOGY

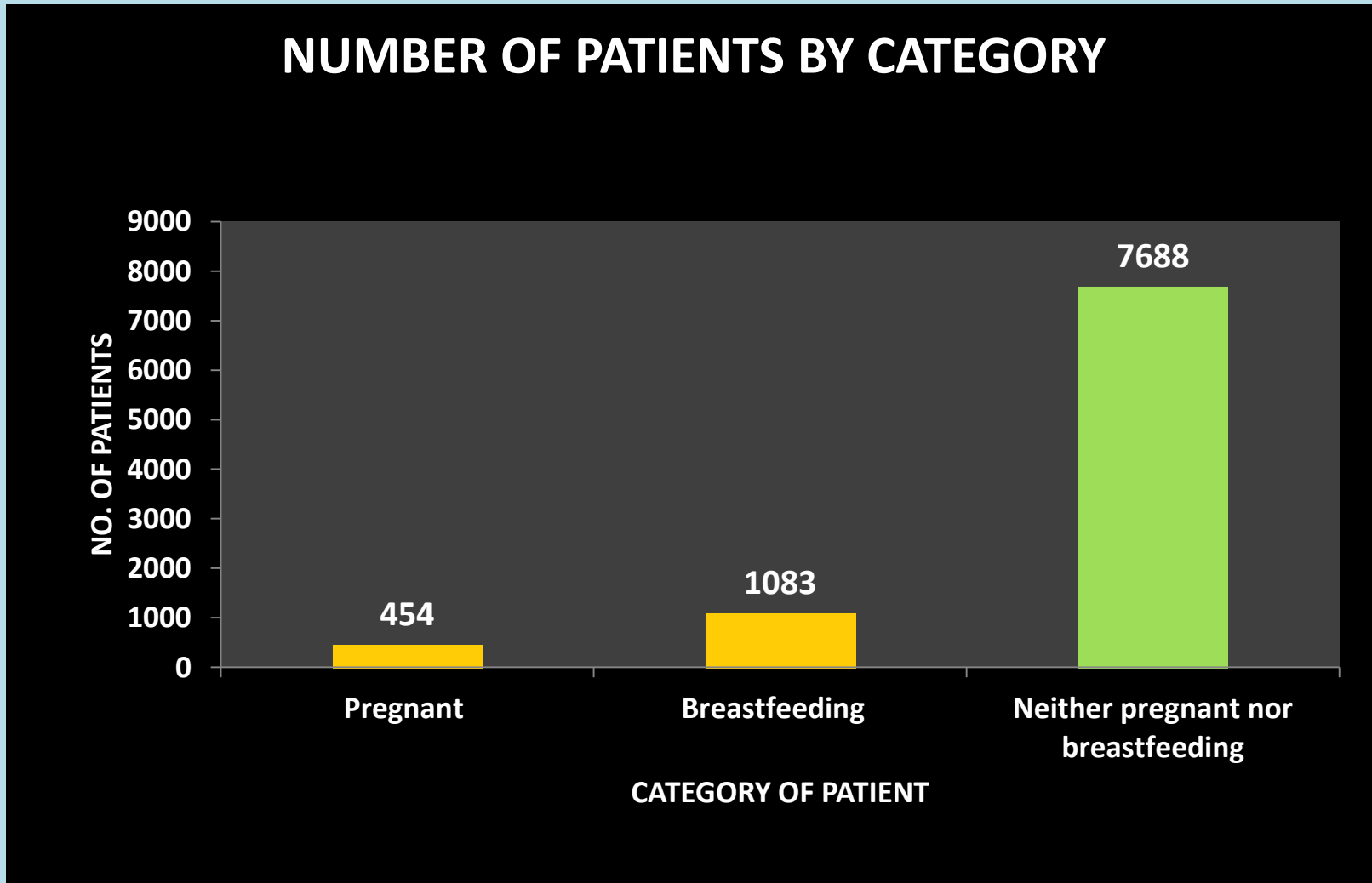
- Laboratory and routine cohort records of women aged 15 to 45 years having routine VL testing done.
- Logistic regression was used to determine factors associated with a VL >1000 copies/ml.

FINDINGS: Retention

RETENTION IN CARE



Category of women at enrolment



TOTAL=9225 women

FINDINGS

Indicator	PMTCT B+ women Pregnant n=454 Breastfeeding n=1083	Non PMTCT B+ women n=7688	PREGNANT while on ART n=524
Median Age (years)	31 (IQR 26-35)	36 (IQR: 30 – 40)	
Median Period on ART (months)	12 (IQR: 3 – 35)	27 (IQR: 12 – 42)	
Viral Load Suppression at 3 months on ART	Pregnant 88 % Breastfeeding 89%	85%	85%

VIRAL LOAD SUPPRESSION

	Relative risk	Confidence Interval (95%)	P value
pregnant	0.84	0.66 – 1.07	0.153
breastfeeding	0.90	0.77 – 1.05	0.181

- Risk of non suppression was similar for women in the PMTCT programme and for women not in the programme

VIRAL LOAD SUPPRESSION and AGE

AGE GROUP	Risk Ratio (aR.R)	Confidence Interval (95%)	P value
15-25 years	1.63	1.39 – 1.90	<0.001
25-35 years	1.21	1.08 – 1.35	0.001

- Risk of non-suppression was related to age: suppression was less likely among those aged 15 – 25 years and those aged 25 – 35, compared to >35 years

CONCLUSION

- Retention of women started on ART remains a challenge
- For those remaining in care, no difference in VL outcomes compared to those who are not in PMTCT B+ programme
- A significant number of women failed to suppress their VL within 3 months of starting ART, putting their infants at ongoing risk of HIV infection.

RECOMMENDATIONS

- Increased support is needed for counseling at ART initiation and during the first months on ART
- Furthermore, adapted counseling needed particularly among younger women.
- Guidance needed on optimal timing and frequency of VL testing for women in PMTCT programmes.



TATENDA

SIYABONGA

THANK YOU