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Prevention of Parent-to-Child Transmission of HIV: An Experience in Rural Population

Dear Editor,

To prevent the mother-to-child transmission of HIV, National AIDS Control Organization (NACO) has come forward with Prevention of Parent-to-Child Transmission of HIV (PPTCT) programme. In this programme, the women attending antenatal care programme are enrolled and HIV testing and reporting are done after proper pre-test and post-test counselling. Nevirapine therapy is administered to HIV positive women and their babies after delivery.\(^1\) This programme to prevent mother-to-child transmission has already been extended to 225 antenatal clinics and is the largest national antenatal screening programme in the world.\(^2\)

The data of PPTCT programme at NKPSIMS, Hingna, catering to rural population from February 2003 to June 2006 was analysed. Of the total 7897 antenatal care (ANC) patients, 7073 (89.56\%) were enrolled for PPTCT and 51 (0.72\%) of them were HIV positive. Out of these 51 HIV positive women, only 22 (43.13\%) delivered in the hospital (Table). Of these 22 patients, 20 women and their babies received Nevirapine. Two women did not receive Nevirapine as they came in the last stage of labour. However, their babies received the therapy. None of the women reported for follow-up after delivery.

Studies have documented that HIV epidemic has reached the rural areas as well.\(^3\) The analysis of our data (Table) suggests that the majority of the pregnant women even from the rural areas are willing for HIV testing. The number attending ANC clinic, as well as the number coming for hospital deliveries is gradually increasing over the years. But the number is still very small and there is poor follow-up. There is need for efforts to induce faith, confidence and motivation among the women for the post-test counselling, accepting the verdict and availing the facilities that are beneficial not only for them but also for their unborn babies.

As on this date, the number of 20 women and 22 babies who were the beneficiaries of PPTCT programme in this hospital prima facie appears to be tiny, but the programme must have saved at least 20 families from total destruction. However, it is heartening to see that the system is ready; the message is gradually reaching the people helping in primary prevention. Nevertheless, continuous education and sustained efforts to monitor, follow-up and encourage institutional deliveries in rural population are needed.

References


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<table>
<thead>
<tr>
<th>Year</th>
<th>No. of ANC</th>
<th>No. HIV tested (% out of No. of ANC)</th>
<th>No. positive (% out of No. HIV tested)</th>
<th>No. delivered in hospital (% out of No. HIV positive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>1371</td>
<td>1132 (83.56)</td>
<td>9 (0.79)</td>
<td>1 (11.11)</td>
</tr>
<tr>
<td>2004</td>
<td>2421</td>
<td>2262 (93.43)</td>
<td>16 (0.70)</td>
<td>9 (56.25)</td>
</tr>
<tr>
<td>2005</td>
<td>2585</td>
<td>2392 (92.53)</td>
<td>18 (0.75)</td>
<td>11 (61.11)</td>
</tr>
<tr>
<td>2006*</td>
<td>1520</td>
<td>1287 (84.67)</td>
<td>8 (0.622)</td>
<td>1 (12.5)**</td>
</tr>
<tr>
<td>Total</td>
<td>7897</td>
<td>7073 (89.56)</td>
<td>51 (0.72)</td>
<td>22 (43.13)</td>
</tr>
</tbody>
</table>

*Six months data; **Patients not yet delivered, ANC - Antenatal care