Assessment of MTCT prevention effectiveness in Kaliningrad Region and tasks for future

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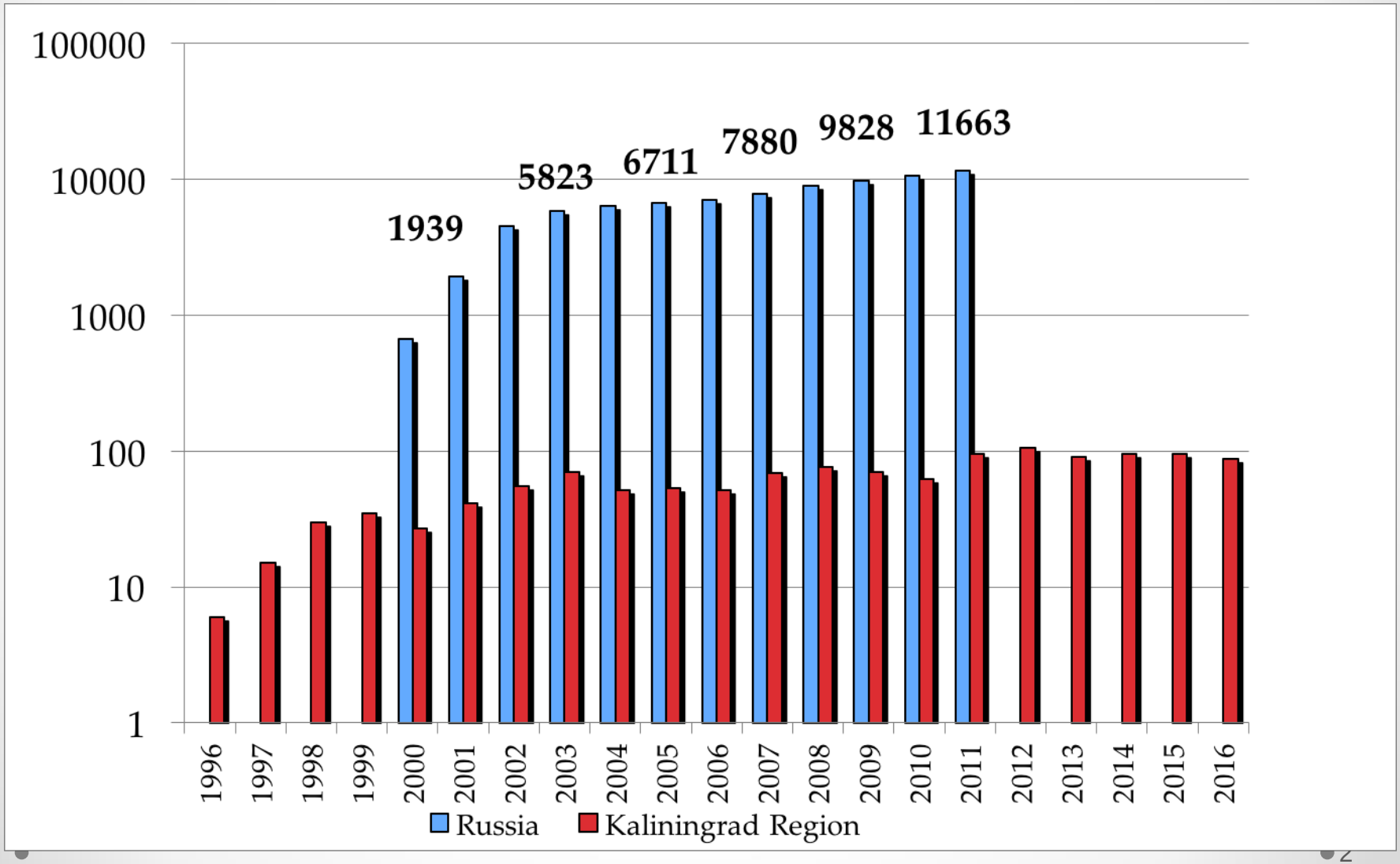
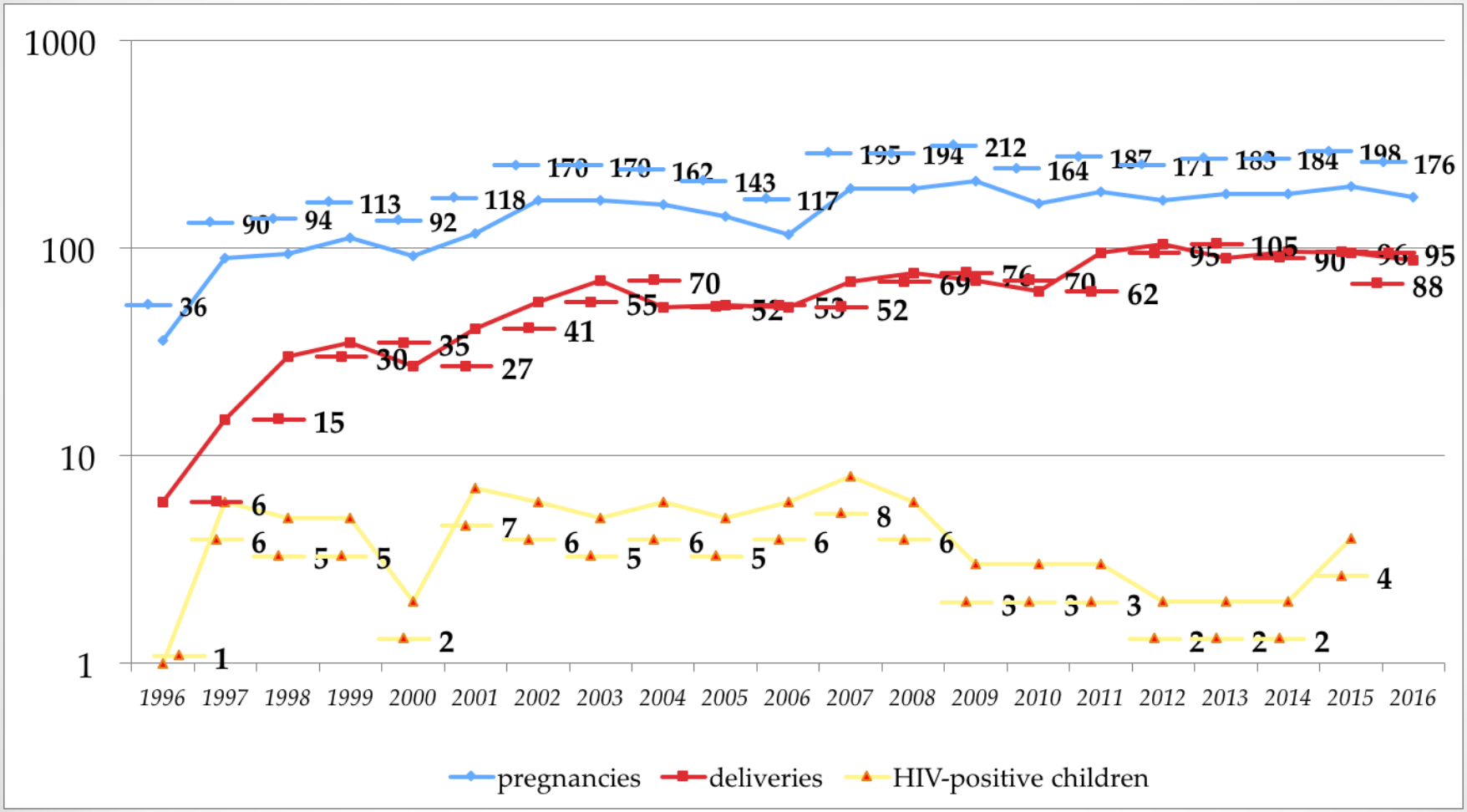
2017

Number of deliveries by HIV-positive women at maternity facilities (1996-2016)



Number of HIV-positive women with pregnancies and number of deliveries by HIV-positive women (Kaliningrad Region, 1996-2016)



Tendencies

- Annually, 90-96 deliveries
- More women with longer HIV diagnosis: in Russia, 23% of HIV pregnant women have the diagnosis for over 5 years, in Kaliningrad Region – 44,3%
- Bigger share of fertile-age women with HIV diagnosis – from 15,3% to 99,5%
- Share of pregagnt women with acute HIV:
  - 2015 – 20%
  - 2016 – 9%
- Heterosexual transmission increasingly common (among women)
  - 1999 – 13,6%
  - 2012 – 65,9%
  - 2014 – 74%
  - 2016 – 85,1%

Tendencies

	2014	2015	2016
Number of HIV+ women in pregnancy	44	43	47
Acute HIV	9-9,3%	19-20%	8-9%
Number of deliveries	96	95	88
HIV diagnosis for over 5 years	29 30%	32 33%	39 44,3%

Tendencies

Growing number of repeated deliveries

year	Number of deliveries	Repeated delivery		CS		ARVT	
2009	71	21	29,5%	5	23,8%	12	16,9%
2010	62	18	29%	4	22,2%	13	20,9%
2011	95	39	41%	13	33,3%	20	21%
2012	105	46	44%	54	51,4%	26	25%
2013	90	34	39%	51	56,6%	24	27,0%
2014	96	42	43,7%	64	66,6%	40	41,6%
2015	95	27	28,4%	69	72,6%	25	26,3%
2016	88	21	23,8%	57	64,7	30	34,0%

History of chemotherapy implementation for MTCT prevention

I. 1996-2001 - no prevention

II. 2001 - March2004 – mono-therapy; instruction for MTCT prevention approved (Order №606 MZ RF)

- Chemotherapy in pregnancy
- Chemotherapy in labours
- Chemotherapy for the newborn

(mono-therapy used)

III. 2006 – National Priority Project “Health” was launched. Accessibility of ARVT

IV. 2009 – clinical guidelines for MTCT prevention (highly active ARVT). MTCT chemoprevention prescribed from 16th week

V. 21.11.2011 – Practical guidelines for HIV prevention and treatment with pregnant women and children produced by the Federal Practical and Methodological Centre on AIDS

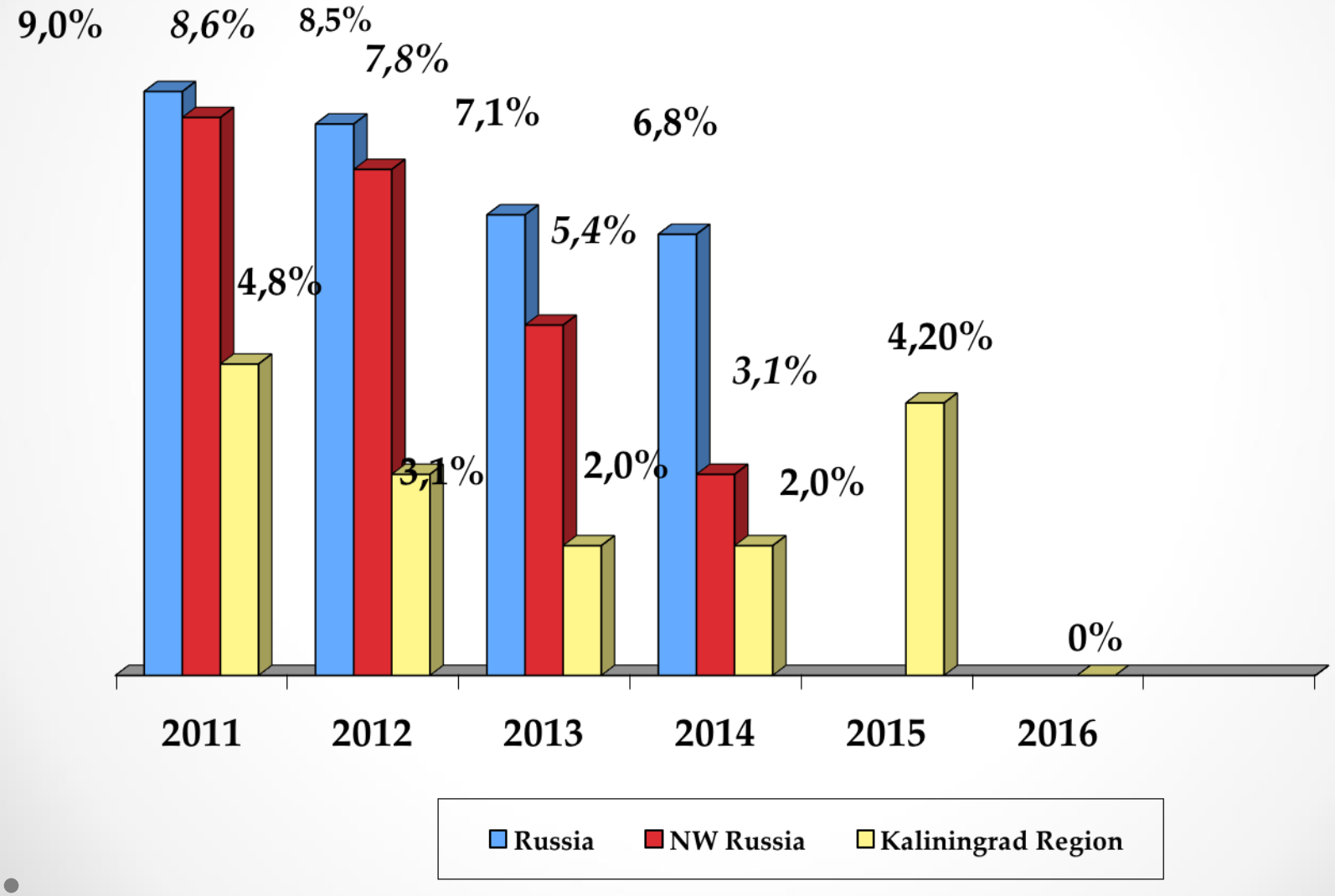
VI. Clinical Protocol №3 of 2013, “Use of ARV drugs in MTCT prevention”

VII. Clinical protocol №3 of 2015, “Use of ARV drugs in MTCT prevention”

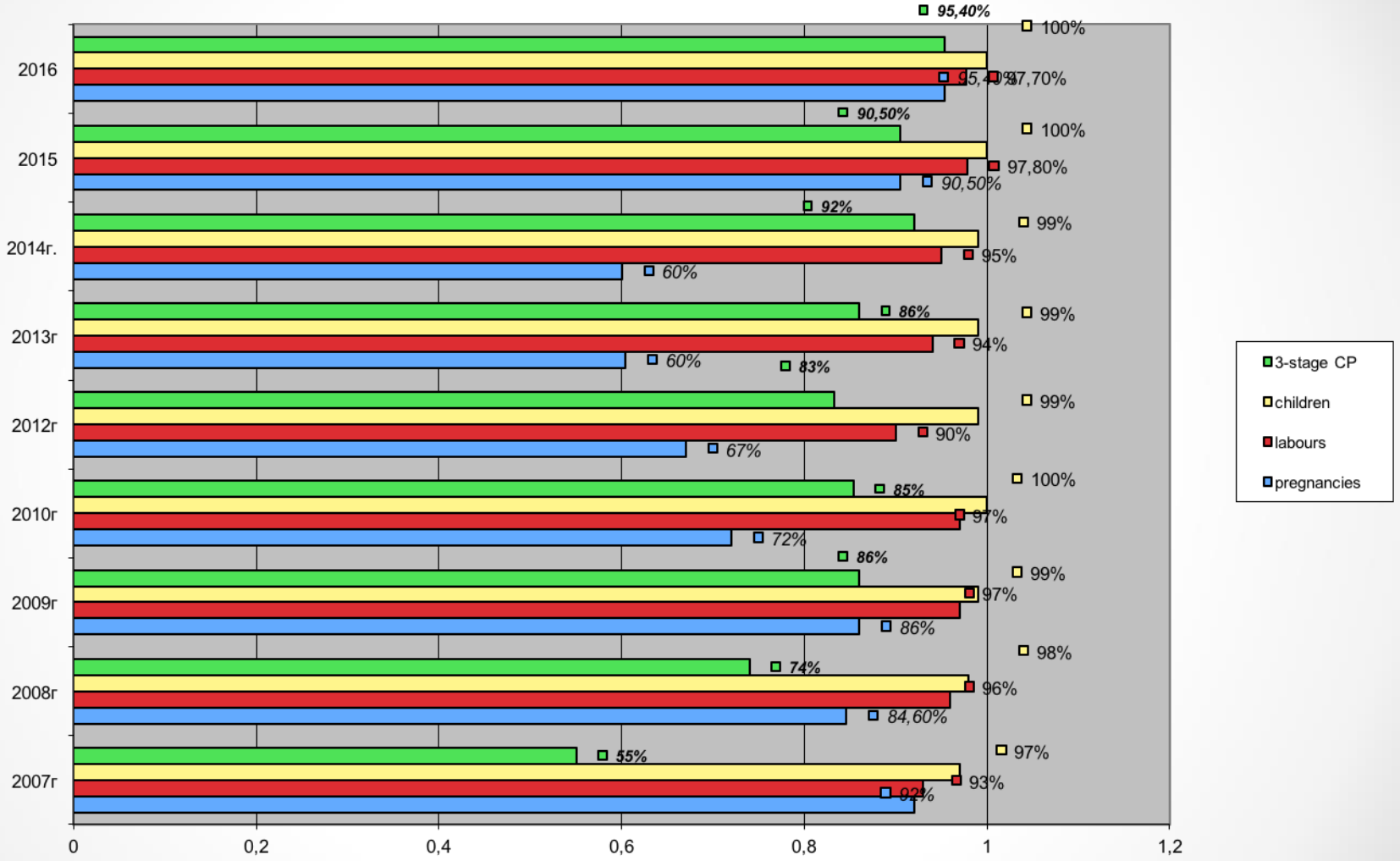
VIII. Guidelines for MTCT prevention, Moscow 2014

IX. Guidelines for MTCT prevention, Moscow 2016

Frequency of mother-to-child transmission (%, cumulative)



Coverage with MTCT chemotherapy in Kaliningrad Region (%, 2007 - 2016)



Caesar section

- While the use of ARVT in pregnancy grows, the need in CS as a prevention method diminishes
- Undetectable viral load before labors is a direct indication to natural delivery (if no other medical indications exist)

- High percentage of CS in Kaliningrad Region is explained by medical indications, repeated operative labours – 23,8%

- Causes

- Late diagnosis of HIV in the third trimester of pregnancy and in labours – 12,7%
- repeated pregnancy (23,8%)
- viral load before delivery >1000 copies – 22,7% in 2016

How to impact the situation

- HIV testing of fathers at women's clinics
- Use of rapid tests at maternity facilities for early HIV diagnosis among those who previously were not diagnosed with HIV
- Chemotherapy in labours to all women who are not on pregnancy records at women's clinics, who have epidemiological indications, and whose viral load is unknown
- CS to all un-examined HIV+ parturients with the VL over 1000 and CD4 below 350
- ARVT to all newborns

How to impact the situation

I. To increase the coverage with 3-stage chemotherapy

- Active engagement and wider accessibility of care to women
  - From groups at risk
  - Employed
  - With children
- Teamwork approach to patient management (women's clinic, gynecologist and midwife, authorised doctor, social worker, pediatrician, AIDS Centre)

II. To change the quality of chemotherapy. ARVT to all HIV+ pregnant women, timely, with counseling (regularly)

III. Formula feeding

Accessibility, consistency and safety of formula feeding

THANK YOU FOR YOUR ATTENTION!

New Russian guidelines:
Clinical Protocol №3 of 2015 “Use of ARV drugs in MTCT prevention”
Available at: http://hivrussia.ru/doc/docs.shtml