MOTHERS’ ADHERENCE HELPS IDENTIFYING MORE INFANTS IN NEED OF EXTENDED PROPHYLAXIS

BACKGROUND

The WHO recommends extended HIV prophylaxis (ePCP) for infants at high-risk of PMTCT.

High risk infant is defined by maternal factors: a mother first identified as HIV-infected at delivery or postpartum

- HIV+ mother not on ART
- Mother’s VL<1 month before birth >1000 copies/mL
- Mother’s VL unavailable but ART<4 weeks at delivery

Well controlled cohorts showed that:

- 10% of pregnancies are high risk and result in 57% of vertical infections
- 90% of pregnancies are low risk and result in 43% of infections

In practice, some of the high-risk infants are misclassified as low-risk, and treated with standard prophylaxis instead of ePCP.

METHODS

EARTH is a multicenter prospective cohort, part of the EPICAL consortium.

EARTH enrolls infants with HIV diagnosed in the first 3 months of life and treated in the first three months after diagnosis, in Mozambique, South Africa and Mali.

We categorized infants as high risk or low risk, based on WHO scheme

After that, we introduced 1 change in the scheme and recategorized infants. Change was to ask the mother about adherence.

RESULTS

135 infants were analysed.

After introducing the described modification, 67% of perinatally infected infants were categorized as high risk (instead of 43%), and 33% as low risk (instead of 57%).

Up to 24% infants changed category from low risk to high risk, due to self-reported mothers’ poor adherence

CONCLUSIONS

In our cohort, 24% HIV infants were misclassified as low risk using the current WHO algorithm.

Including a question related to self-reported adherence information might help to provide ePCP to all eligible infants.