HIV stigma limits the effectiveness of PMTCT in Guinea, the ANRS 12344 Diavina trial

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Results

From Feb 2017 to Feb 2018, 6,493 women were admitted for delivery, 6,141 (96%) accepted HIV testing, 114 women were HIV-infected (1.9%), all were infected with HIV-1 and 57 were considered at high risk of MTCT based on mother’s high-risk profile, 38 with newly diagnosed at delivery, 16 with MTCT from previous delivery, 1 with non-documented MTCT, 11 with MTCT from previous diagnosis and 2 with unidentified risk.

In 2015, according to national data, HIV testing is implemented in 297 PMTCT facilities, with a national coverage of 59%. Antiretroviral therapy (ART) coverage in pregnant women is 88% (SD: 3%).

Prospective non-comparative study of mother-child pairs with mother HIV-infected at high risk of MTCT in Ignae Deen Hospital, Conacry, Guinea.

Methods

- among all subjects with available results of HIV-RNA at delivery
- among those declaring to discover HIV status at delivery
- among those with known HIV status but short duration of ART (0 – 4 weeks) before delivery
- among those declaring to discover HIV status at delivery

Among women declaring HIV status at delivery, 30% (n=38) were newly diagnosed at delivery. Stigma and auto stigmatisation was evaluated using a 29-item scale.

All infants received single dose NVP (2 mg/kg) immediately at delivery, 3, 6, 9, 12 and 18 months using the Generic HIV-1 RT-PCR assay (Biocentric, Bandol, France).

Quantification of maternal HIV-RNA near delivery seems crucial to adequately estimate the risk of MTCT and therefore adapt the neonatal prophylaxis accordingly.

Conclusions

These results highlight the value of HIV testing at delivery since a quarter of HIV-infected women discovered their infection at delivery. This could be even more useful in rural areas where PMTCT programme are less implemented. Early infant diagnosis at birth and reinforwend ARV prophylaxis seems promising in high proportion of high-risk HIV-infected infants.

Table 1. Characteristics of the 57 women included in the study

Table 2. Virulogical and pharmacological characteristics of women with HIV-RNA >400 cpi/mL at inclusion (n=10)

References