

EPOSTER PRESENTATION

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Early infant diagnosis: gateway to survival for HIV positive infants

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Background

Under PPTCT, babies born to sero-positive mothers were followed up and tested at 18 months of age. Under Early Infant Diagnosis (EID) program, HIV exposed babies are subjected to HIV-1 DNA PCR on DBS and whole blood as early as 6 weeks of age followed by initiation of ART.

Methods

Infants born to HIV positive mothers were tested according to NACO guidelines. Infants <6 months of age (n=136) were tested by DBS HIV-1 DNA PCR; DBS positive were confirmed by whole blood PCR. Infants 6 to 18 months (n=68) were tested by antibody test and if positive were confirmed by DBS HIV-1 DNA PCR. Detailed history including type of delivery, Single Dose Nevirapine (SDN) and breast feeding was taken.

Results

The HIV transmission rate was 11.28% (23/204); 13 infants <6 months of age and 10 infants ≥6 months of age. In infants <6 months of age, who did not receive SDN the positivity was 38.46% (5/13) whereas in those who received SDN it was 6.5% (8/123), [$p=0.0012$]. In infants ≥6 months the positivity rate was significantly higher in breast fed 60% (6/10) as compared to non breast fed 6.9% (4/58), [$p=0.0001$]. 60.9% (14/23) infants were delivered at home and did not receive SDN.

Conclusion

In resource limited settings, SDN given to mother in labor is a good option. Mothers intending to continue breast feeding should be provided extended ART. EID

and prompt ART institution ensures favourable outcomes in HIV exposed infants.

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