# What is the magnitude of previous exposures to ARVs among women in PMTCT at Nsambya Hospital?

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Training Course in Reproductive Health Research
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#### Socio-Demographic Indicators of Uganda

Total Population - 24.6 million

Population growth rate - 3.4%

Doubling time21 years

Life expectancy at birth - 42 yrs

HIV Sero-prevalence - 6.2%

Infant mortality rate - 88/1000 L.B.

Under 5 mortality rate - 157/1000 L.B.

Maternal mortality ratio-505/100,000 L.B.

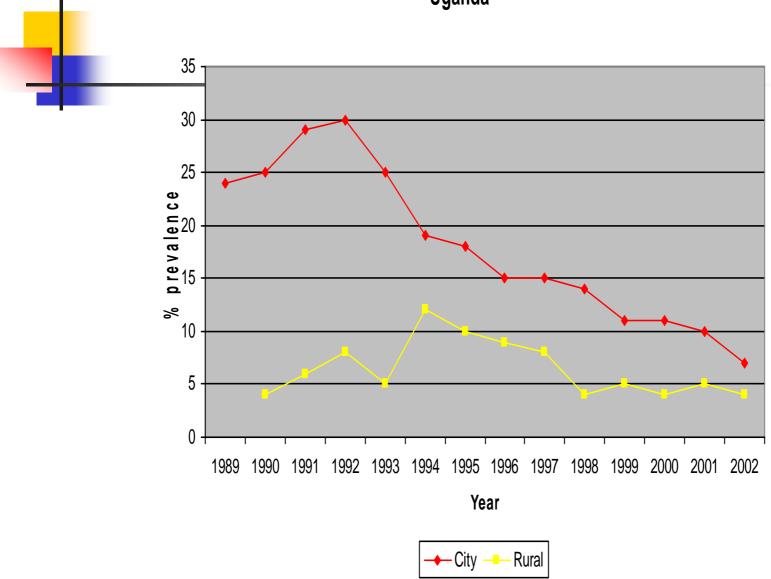


## HIV Status in the country

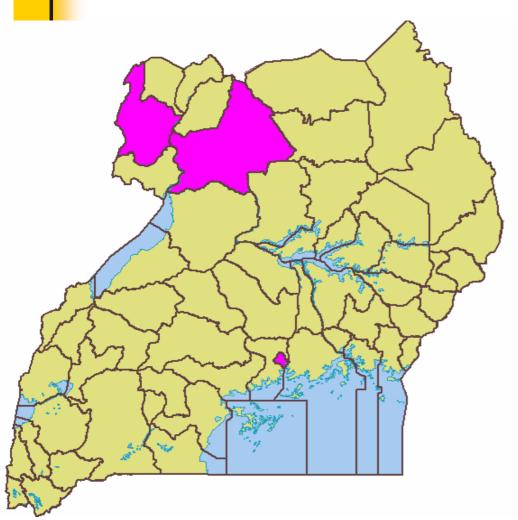
#### **Cumulative HIV+ 2 – 2.2 million**

- Estimated 860,000 have since died.
- Estimated 1.2 1.4m living with HIV.
- 70% of PLWA groups are women.
- HIV/AIDS incidence among girls 15 19 years is 4 6 times that of boys of same age.
- Infected children contribute 10% of infected persons in Uganda.

Figure 1. Median HIV prevalence: pregnant women in ANC in Uganda



## PMTCT in Uganda



- 5 Pilot sites in 2000
- Scale up 2001 (over 224 active sites by 2004)
- Policies and guidelines 2001, Update 2005-6
- Monitoring and Evaluation system was put in place

## Programme implementation

Issue	Remarks
Counseling and testing	Integrated in MCH, VCT, new policy and Routine testing (opt-out to get results)
Type of ARV's used	NVP only 2000-2006
	NVP, NVP + AZT and HAART in ART accredited sites (2007)
Obstetric care	Restricted rupture of membranes/episiotomy. no routine elective CS
Infant Feeding choice	Mainly EBF (63%), few opt substitute Formula (poverty, stigma, poor sanitation)



# San Raphael of St. Francis Hospital Nsambya

- Founded 104 years ago
- 360 beds
- 6,500 deliveries per year
- First sentinel surveillance site HIV in ANC women 1989
- Recorded highest HIV prev 29% 1991
- First pilot site for PMTCT



## Previous exposures to ARVs

- 1980s to 1996-non
- 1997 to 1999- clinical trials( 140 PETRA, 90 SIMBA) {Lancet 2002 359(9313):1178-86, AIDS 200317(10):1570-2}
- 2000-2005:2011 HIV+ identified
   1341 (66%) HIV+ exposed to ARVs prophylaxis: NVP, AZT, HAART?

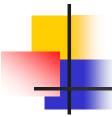
### Previous programme evaluations

- Uptake of HIV+ into programme {Magoni, Okong et al. Int J STD AIDS 2007 18 (2):109-13}
- Quality of life of HIV+ {Nuwagaba, Okong et al. AIDS Care 2006 18(6):614-20}
- Infant feeding and HIV transmission {Magoni, Okong et al. (AIDS 2005 19(4):433-7}
- Drug resistance {Giuliano, Okong et al. AIDS 2003 17(10);1570-2}
- No evaluation of ARV re exposure?



#### **Problem statement**

- High TFR 6.9 children/woman
- HIV positive women no exception
- Number of pregnant women already exposed to ARVs increasing



## Research questions

- What is the Proportion of HIV+ women in ANC previously exposed?
- What ARVs?
- What care did women previously exposed to ARVs get 2000-2006?



#### **Justification**

- PMTCT policy amendments 2005-6
- Care for HIV positive increasingly complex
- PMTCT integrated in RH, care by non specialized health workers
- Previous exposure can jeopardize transmission, treatment for babies and mothers

## Objectives

- Determine No. of HIV+ pregnant women previously exposed in PMTCT 2000-6
- Describe characteristics of exposed women
- Identify programmatic needs for HIV+ women previously exposed



 Permission from Hospital IRB and National Council for Science and Tech

## Design

- A cross sectional retrospective study
- Systemic review of hospital records
- Source documents: Registers-Lab, ANC, deliveries, MTC Plus, inpatient records
- Dev a questionnaire, pretest
- Recruit/train research assistant/data collection
- Security of records/questionnaires



### Data collection and analysis

- Develop a log frame/list of all HIV positive from registers (study subjects)
- Collect all relevant records for each case
- Abstraction of relevant data from records
- Quality control, data entry and analysis:2x2 tables and cross tabulations

## Time frame

- Data collection tools/IRB approval/Budget—April-May
- Recruit Assistant, train, pretest questionnaires----May/June
- Data collection/data entry/cleaning—
   June to September
- Analysis, report writing, dissemination- --October---December







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- GFMER
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- MINISTRY OF HEALTH UGANDA

# Finally



Thank you