

Principal Notes of PMCT National Guideline version dated June 2007

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GFMER - WHO - UNFPA - LAO PDR
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Overview

Estimated PW 200.000 cases

Prevalence 0.1% (200 HIV sero positive)

Transmission rate 30% (60 infected newborn)

Antenatal care 31%

Delivery at health facility 13.2%, home 55%, TBA 21.2%

Estimated number

Pw 2008	250	transmission rate 23 to 35%
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Pw 2009	261
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Pw 2010	268
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Target 2008 to 2012	10.000 Pregnant women
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PMCT would be integrate in Reproductive Health

PMCT component

1. VCCT/ PICT

Provide to risk group, voluntary and consent

Hot point only

ANC with ARV starting at 28 week of gestation

2. Testing

Series test by Rapid test Determine and Unigold

Eliza for confirmation to discordance between rapid test

3. ARV for mother and Child with choice of milk

PMCT Preventive protocol

1. HIV positive detected during early gestation

ANC

AZT 300mg

BID starting 28 w

Delivery

AZT 600 mg SD

NVP 200 mg SD

3TC 300mg SD

Mother

AZT/3TC 300mg BID

Newborn

NVP 2mg/kg

AZT 4mg BID

2. HIV Positive detected during the delivery in term

Delivery

AZT 600 mg SD

Mother

AZT/3TC 300/150 mg BID

7 days

Newborn

NVP 2mg/kg

28 days

alternative formula milk



Final Report
Lao Swiss PMCT at MCH Hospital
year 2005 to 2007 (Phase I)

1. Background

1.1. Context of STI/PMCT in Laos in 1994 to 1995

- * Prevalence HIV in general Child Bearing Age (0.05%).
- * Main route transmission Sexual Transmission 83%, Vertical Transmission 2% & Non Identified 14%.
- * STI incident among PW (Pregnant women) 12% of Chlamydia, 8% Candiasis, 4% Trichomoniasis.
- * 14 Provincial Hospital could realize the HIV test (Particle Agglutination) and referral to National Epidemiological Laboratory Center to confirm.
- * Screening test and VCCT (Voluntary Counseling Confidential Testing) functioning system not real available.
- * No systematic screening STI/HIV, particularly in pregnant women and gynecology target group.
- * National guideline for PMCT (Prevention from Mother to Child Transmission) was not available .
- * Difficulty to access to HARRT

1.2. Path leading to realize the project

- * MCH (Mother and Child Health) issues are priority of MOPH (Ministry of Public Health) policies.
- * Initiative vision to explore the HIV prevalence among the pregnant women and limit the transmission from Mother to Child in Vientiane.
- * Oct to Dec 2004 technical staffs of MCHH and Swiss Expatriate collaborated to establish a Research Protocol (Project proposal).
Middle of Feb 2005, the proposal was revised, submitted to Steering Committee of MOPH.
- * End of Feb 2005 the Board Foundation spent a field visit and took decision to fully support the implementation of the project.
- * March 2005, the project was officially approved by the steering Committee of MOPH.

2. Objective

2.1. Overall objective

To prevent the transmission of HIV from Mother to Child by using rapid test, later confirmation in early detect the serology HIV among pregnant women when they are attending to ANC (Ante-Natal Care unit) at the Mother an Child Health Hospital in Vientiane Capital, Lao P.D.R.

2.2. Specifics objectives

- To detect the serology status of HIV testing among the pregnant women group attending to antenatal care unit.
- To detect the serology HIV testing among women group attending gynecology consultation.
- To provide IEC on STI/HIV prevention to pregnant women who attended ANC and others to gynecology.
- To conducted advocacy to whom with HIV positive and their related partners.
- To upgrade knowledge and skill of MCH hospital staffs concerning to the STI, HIV/AIDS screening, counseling advocacy and plan for safe delivery.

3. Implementation

3.1 Term of operation

Preparation phase Jan to August 2005 (9 months)

Implementation Sept 2005 to Sept 2007 (24 months).

3.4. Operational Unit

ANC unit, laboratory, gynecology, delivery room, Gy Ob operation unit, newborn unit and pharmacy.

Implementation (cont)

3.3. Methodology:

Target group:

Pregnant women 2.500 tests

Gynecology consultation 2.500 tests

Laboratory technique:

STI: Gram stain, Wet Smear, Syphilis and HIV PW:

Bioline Rapid Test and confirmed by Eliza

Test

3.4.1. Process for PW Group

Identification first ANC by receptionist

IEC providing in group, code ANC form filled

Individual counseling and written consent while ANC

Laboratory test for routine and HIV test

Providing individual result and appointment for next ANC

Data interpretation and data entry

PW HIV neg

PW HIV pos

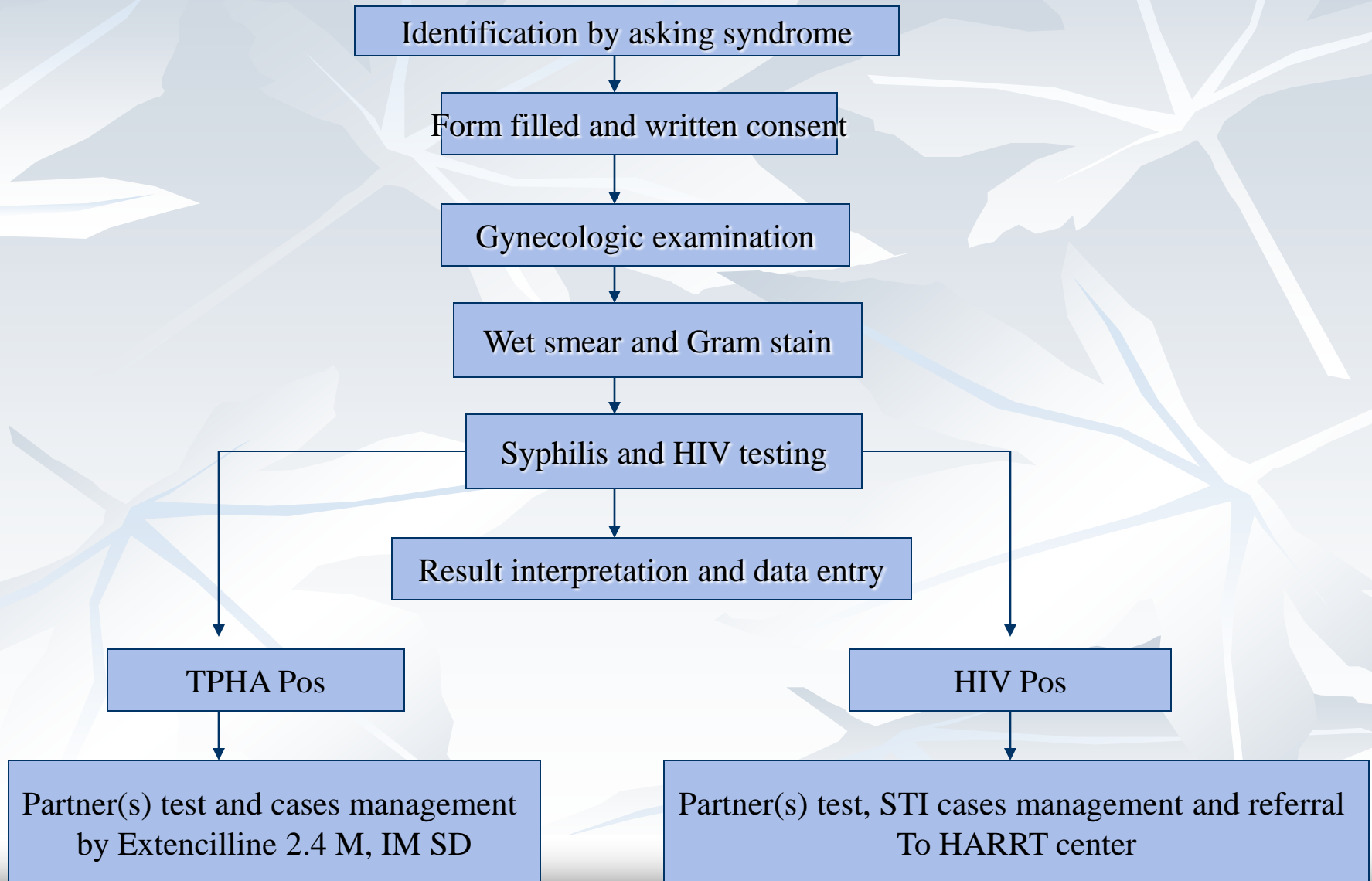
Partner(s) test

Niverapine 200mg SD + CS

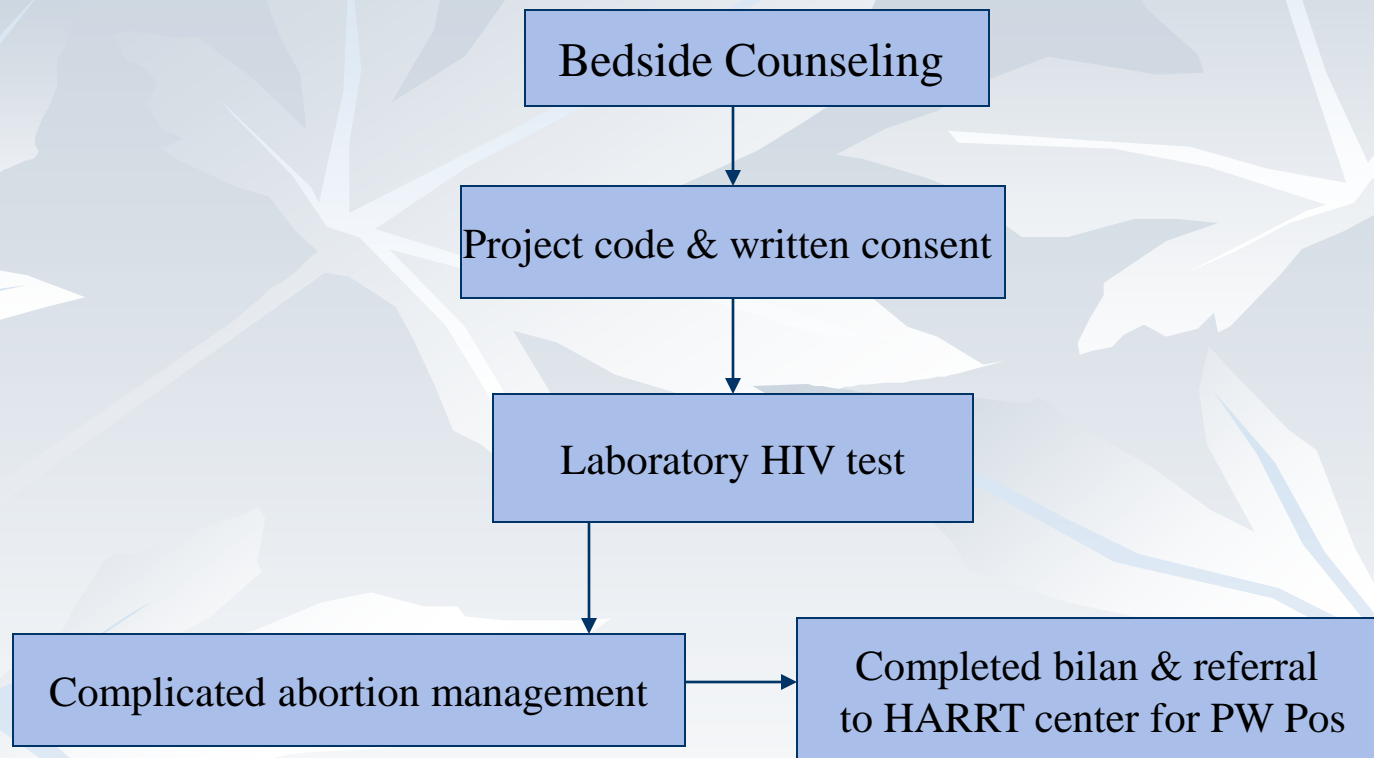
Niverapine 2mg per kg SD
+ formular milk 6 months

Referral to HARRT Center

4.3.2. Process for STI group



4.3.3. Complicated Abortion Group



4. Results

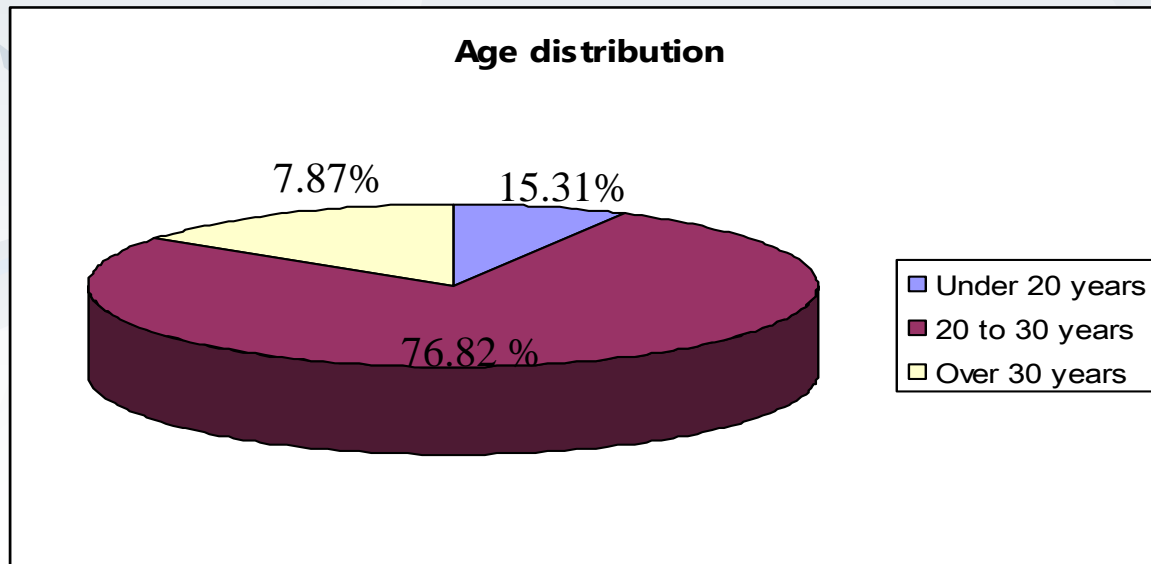
4.1 Screening result

4.1.1. PW group:

- **Social demography aspect:**

- **Total clients 2.628 test (105.1%) comp to target**

- **Age distribution:**

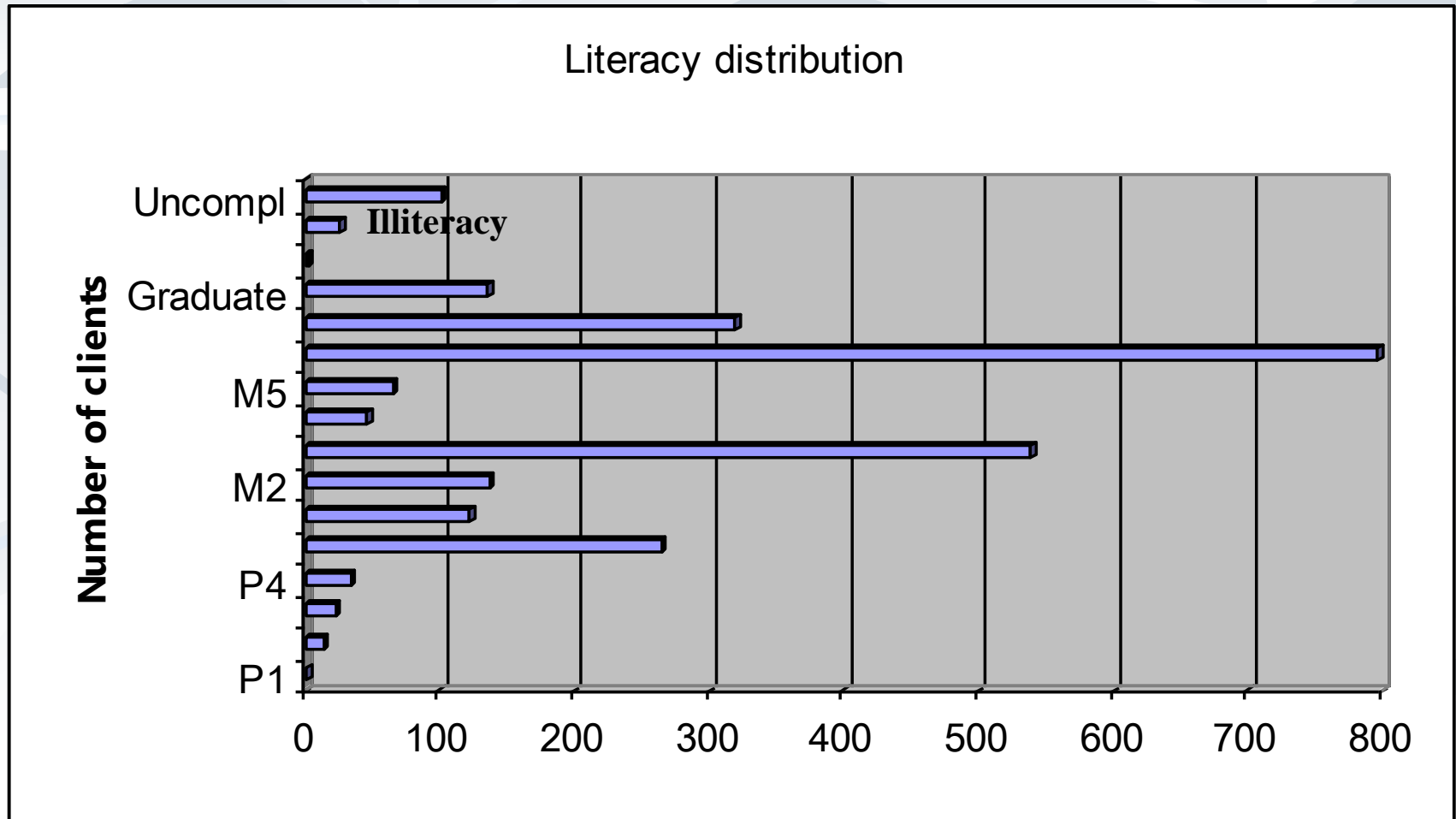


Age minimum	18	yrs
Age maximum	42	yrs
Age mean	25.9	yrs

IV.1 Screening result

1.1 PW group

3. Literacy distribution



- Professional distribution

Legend:

Household

Government staff

Private company

Military

Police

Farmer

Trader

Hairdresser,Beauty
Salon

Student

Constructor

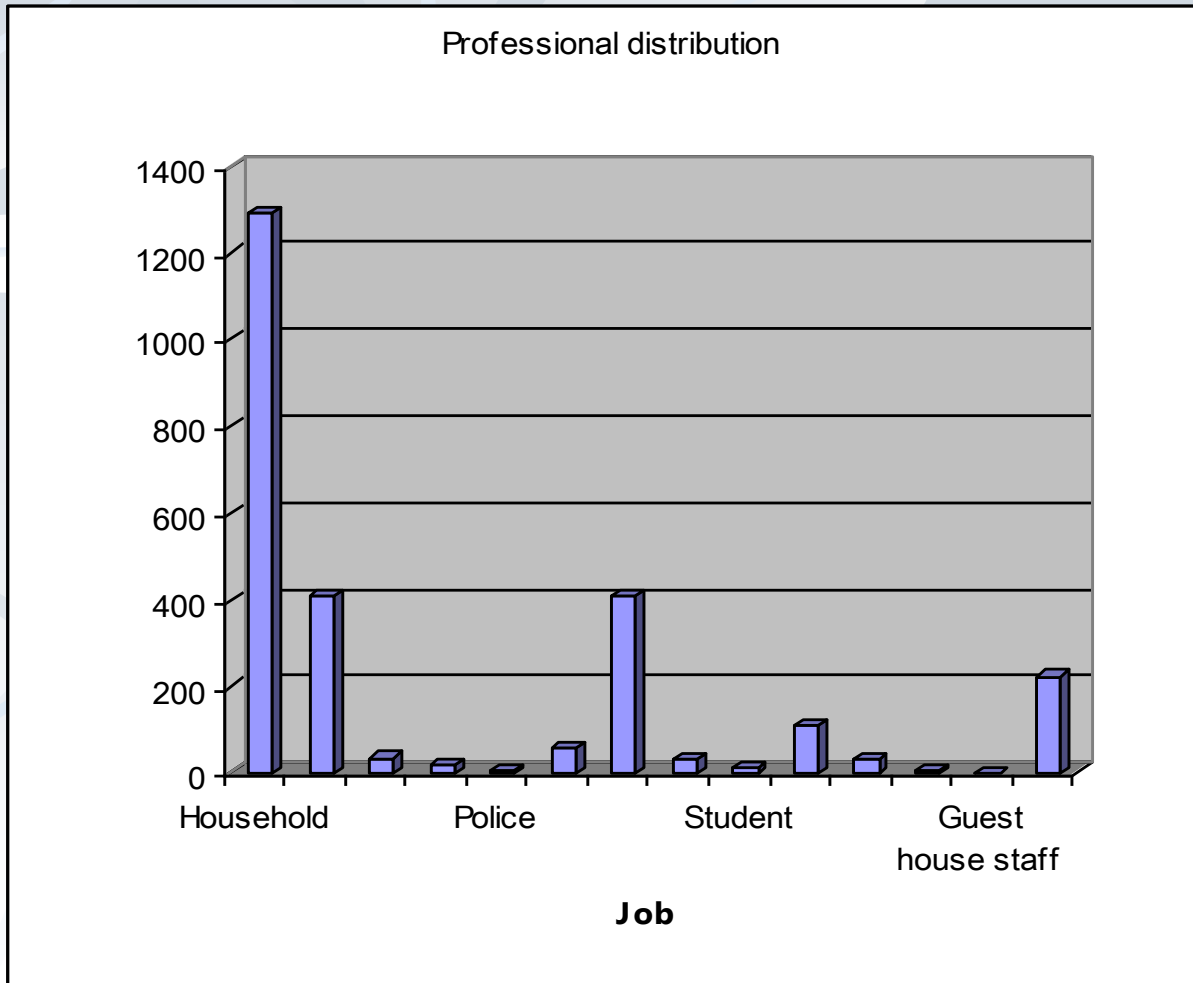
Teacher

Restaurant

Guesthouse, Hotel

Massage Clinic

No Data



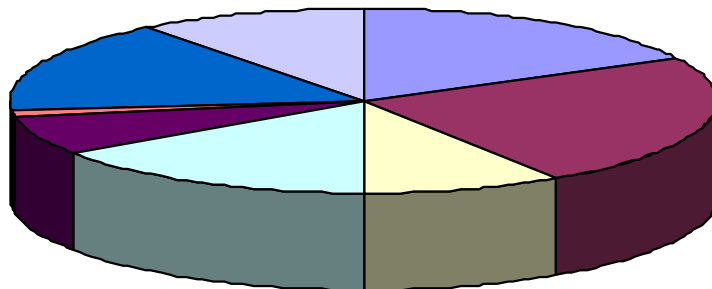
- Geographic distribution

Provincial permanent address

VC	95.51 %
VP	3.79 %
Borikhamxay	0.26 %
Khammouane	0.11 %
Luangprabang	0.03 %
Oudomxay	0.03 %
Xiengkhuang	0.22 %

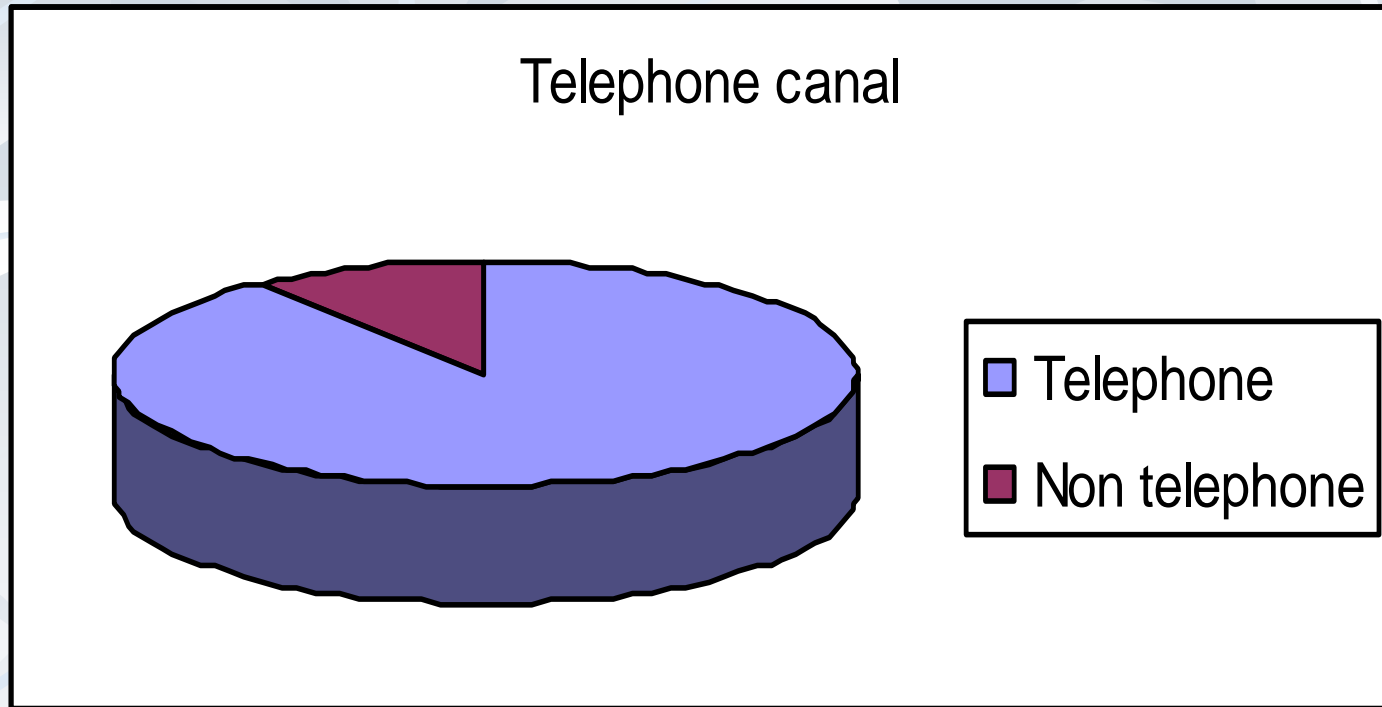
Vientiane Capital distribution

Distribution of Main district in VC



- Chanthabury
- Sikhote
- Sisactanck
- Xaythany
- Naxaythong
- Parnung
- Seta
- Hatxayphong

- Communication way of clients



Mobile: 82%

Pregnancy Data

Min: 1 time of pregnancy

Max: 16 times of pregnancies

Mean: 2.1

Child's Data

Min: 0 child

Max: 6 children

Mean: 0.56 child

Laboratory exploration results:

1. Sero prevalence HIV in PW:

$$17:2628.100 = 0.66\%$$

2. Consent aspect:

Drop out 1.55%

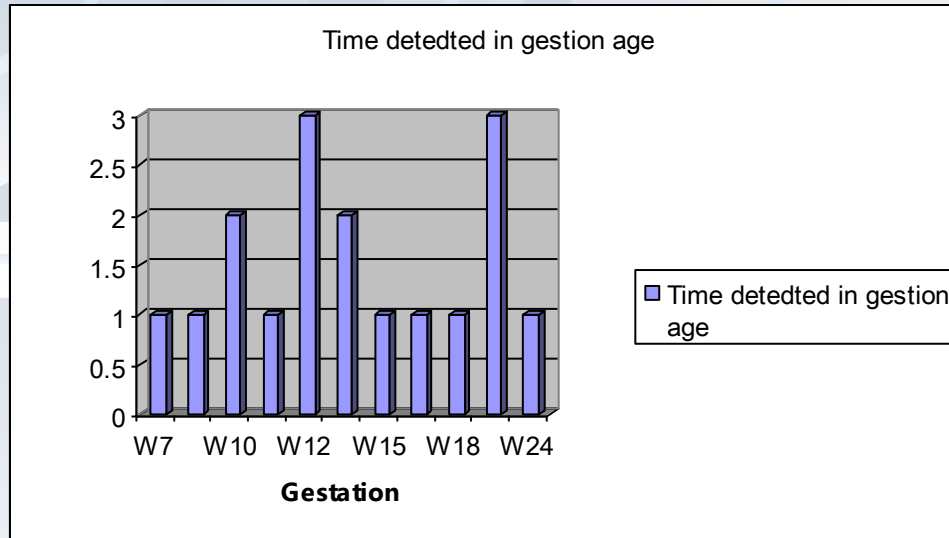
Not drop in 4.5%

3. Hepatitis B prevalence 6.4%

4. Blood analysis aspect

PW	Hb	Ht	WBC	Total Lym
All	14.7	34.2	10113	2682
<i>HIV Pos</i>	<i>11.2</i>	<i>33.8</i>	<i>9056</i>	<i>2560</i>

Sero positive detect and gestation:



- Co-Infection HIV –HBV 11.78%

- Partner status:

Partner accept to test = 82.35%

Partner missing to test = 17.65%

Partner's testing result incordance = 78.57%

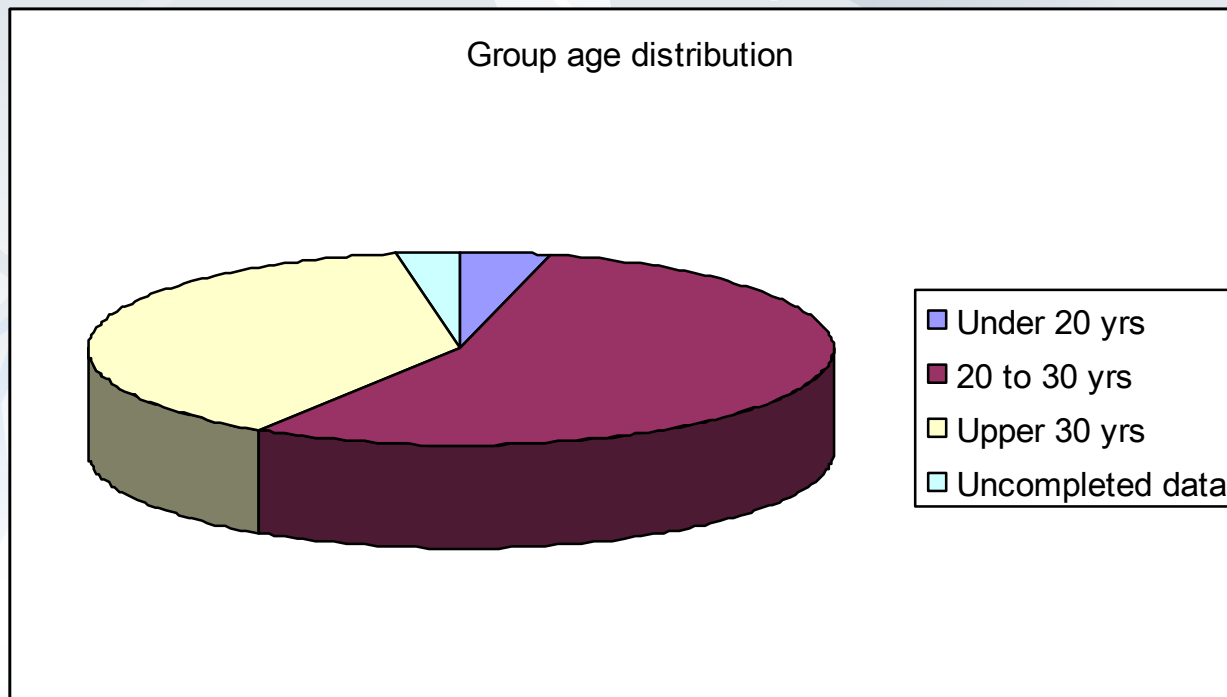
Partner's testing result discordance = 21.43%

4.1.2. STI group:

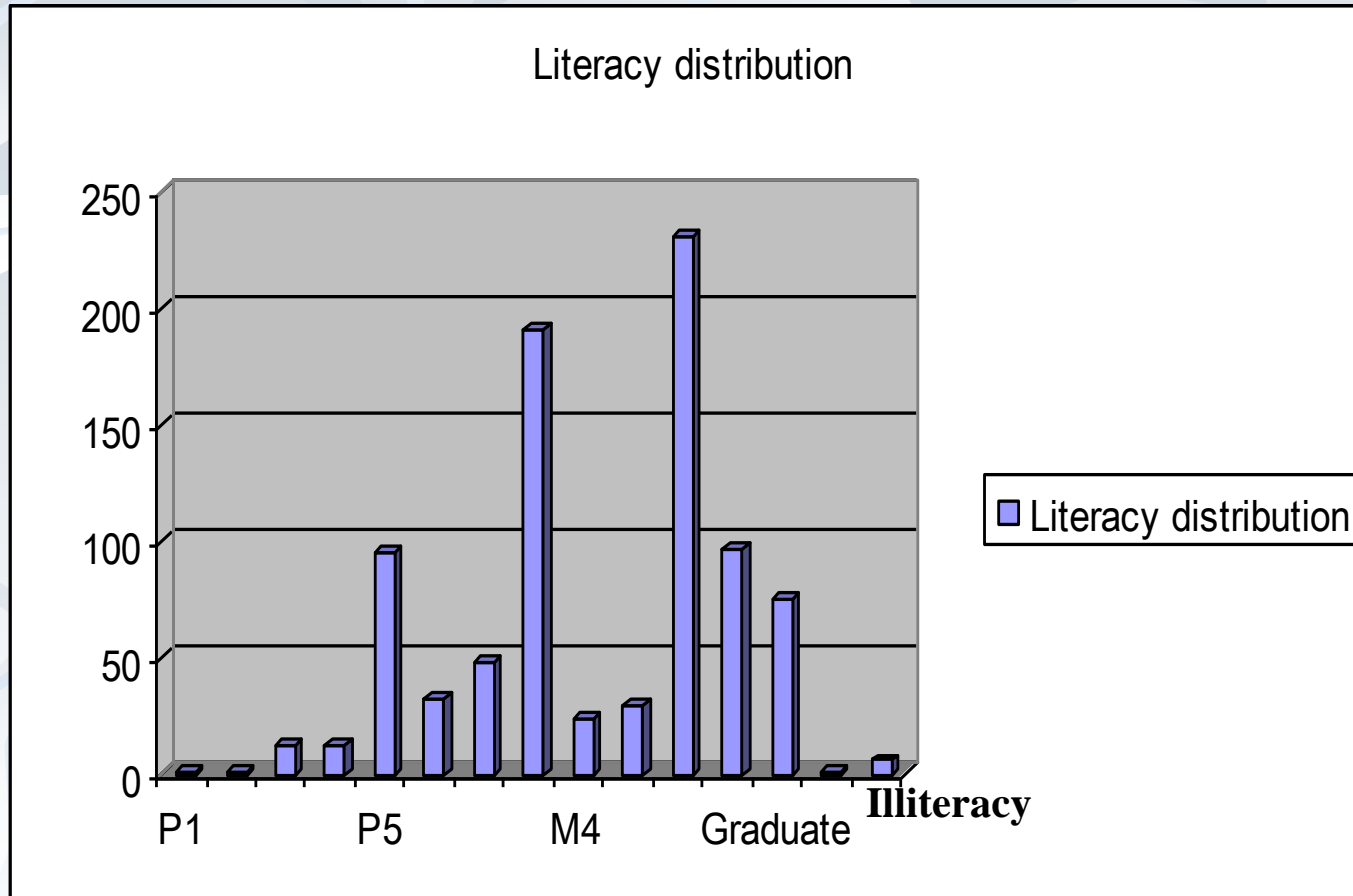
- **Social demography aspect :**

Total clients 1006 test (40.24%) comp to target

Age distribution



- Literacy aspect:



Laboratory aspect:

- Prevalence of HIV among STI group:

$$7:1006. 100 = 0.71\%$$

- Prevalence of Syphilis among STI group:

$$9:478.100 = 3.9\%$$

- STI distribution:

Vaginal bacteriosis 180 cases

Candida Albicans 175 cases

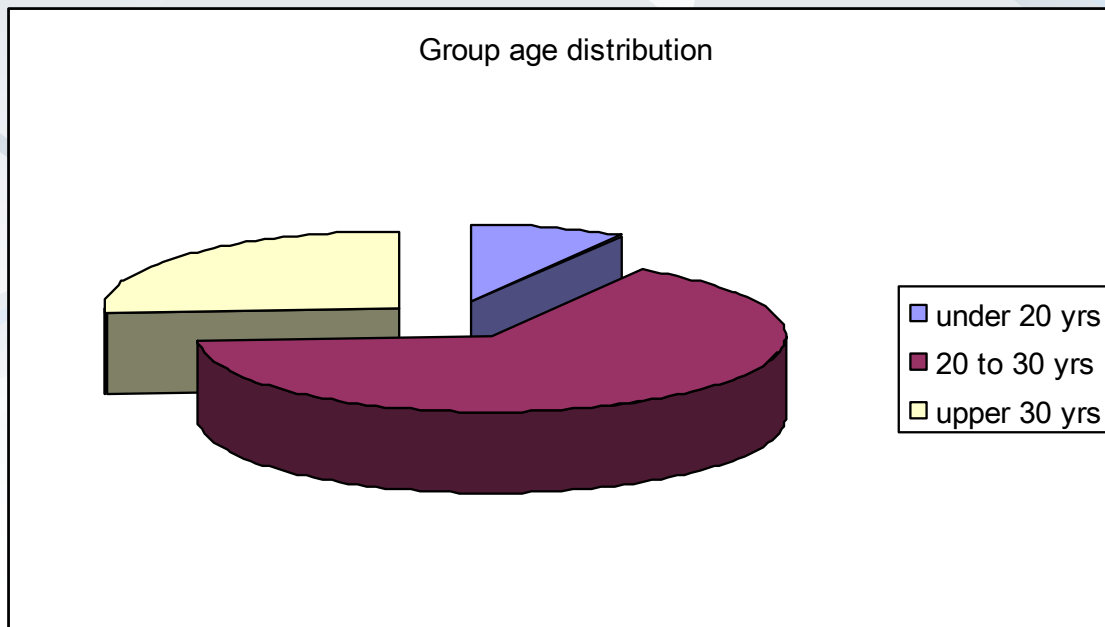
Trichomonas 09 cases

4.1.3. Abortion group

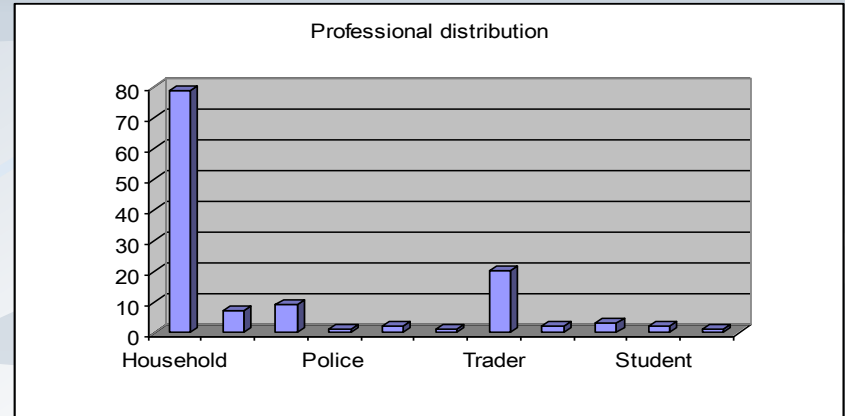
Social demography aspect

- Total clients 127 test (42.33%) comp to target
- Age distribution
- **HIV positive = 0**

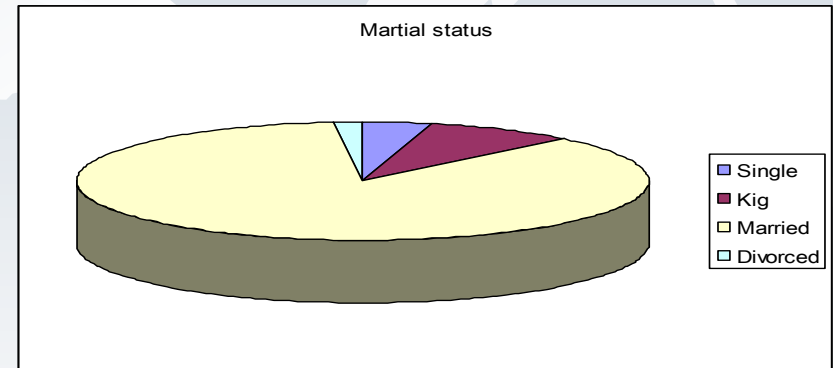
Age 16 Yrs minimum
Age 44 Yrs maximum
Mean age 27.2 yrs



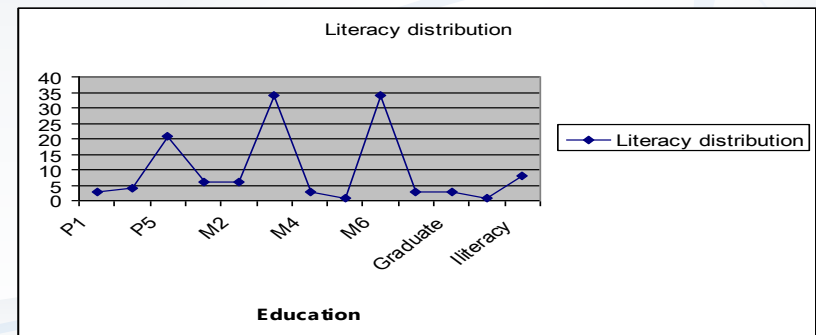
- Professional distribution



- Martial status



- Literacy aspect



4.2. Management improvement:

Management team was established and functioning integration with many operation unit, ANC, Laboratory, GyOb operation, newborn, GyOb ward etc... this team works regularly as for management and research activities.

Completed the Protocol and report in semester 2006 and bisemester 2007 to Aids Info Docu Foundation and CHAS to MoPH.

Successful distribution of gratification for the involved staffs.

The project became the first pilot project on PMCT in Laos and would be possible to model for other project on PMCT STI aspect.

4.3. Capacity Building:

VCCT network 12 counselors in MCHH functioning regularly routine.

Two staffs of project was trained in HARRT in PMCT aspect in abroad.

One staff was trained in RH SH research.

Ten staffs were trained in STI syndromic approach diagnostic and management.

Four Lab staffs were trained on STI examination and diagnostic, Eliza.

Observational study in local and oversea in Thailand on PMCT aspect and HIV/AIDS care and management.

First functioning research unit in MCHH.

4.4. Logistic supply:

Computerizing the Information, Data and long Distance Communication for Project Management Team (Prof. Hanspeter Rohr).

Fully materials support for STI, HIV testing examination, confirmation and referral cases.

Fully support for delivery kit, septic delivery room, nosocomial infection control and emergency cases.

Fully support for treatment and care on STI and HIV mother positive and formular milk for newborn during first six month after delivery.

4.5. Collaboration:

- Center for control Aids STI
- Infectious division of Setthathirath
- MSF Vientiane and Savannakhet Mission
- Swiss Lao Hospital Project, Zurich Switzerland
- All members of CRN in Vientiane
(Vientiane YHC, NLWU and Care international etc...)
- Unicef and PMCT task forced

5. Conclusion:

This is the first Pilot Project on PMCT, STI aspect in Laos which used the Diagnostic based on Laboratory Results.

	PW	STI	Abortion
<i>Prevalence HIV</i>	<i>0.66%</i>	<i>0.71%</i>	<i>00%</i>
<i>Prevalence Syphilis</i>	<i>Non</i>	<i>3.9%</i>	<i>00 %</i>
<i>Prevalence Vaginitis</i>	<i>Non</i>	<i>18.10%</i>	<i>Non</i>
<i>Prevalence Candida</i>	<i>Non</i>	<i>17.39%</i>	<i>Non</i>
<i>Prevalence Trichomoniasis</i>	<i>Non</i>	<i>0.9%</i>	<i>Non</i>

5. Conclusion (cont):

MCHH to day has a functioning counseling unit where integration 12 counselors from difference units which could serve routine and emergency to clients and partners.

Majority of collaborators in MCHH who are concerned with the project have knowledge, skills and capacity enough in team becoming trainers on PMCT operation aspect in Laos.

MCHH becoming the only PMCT unit which could provide ARV and perform cesarean section to reduce at most the vertical transmission of HIV.

7. Recommendations:

In the Lao Swiss PMCT phase II, the project protocol must follow the national guideline.

Focus point on STI laboratory examination, the project may integrate one lab assistant to work full time to be available to the clients

Collaborate with Médecins sans Frontiers (MSF) to realize CD4 count

Simplify the financial process to be more rapid and efficient on the procedure

Extension some activities of PMCT to province targets by collaborate with others partners such as Unicef, Global fund, UNFPA and UNAIDS.

Acknowledgments:

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- * MSF our excellent partner during the time.
- * Dr Chansouk Chanthapadith ex Project Manager.
- * All collaborators, staffs and project clients consent.



Pre Final Report

Lao Swiss PMCT at MCH Hospital

year 2008 to 2009 (Phase II)

Group	Target	Phase I Sept 2005 to Dec 2007		Phase II Jan 2008 to Oct 2009			Accumulate
		N Testing	N Positive	N Testing	N Positive	Prevalence	
PW	2628		17	2119	13	0.61	4747
STIs	1006		7	823	8	0.97	1829
Abortion	127		0	242	0	0	369
EP	NA	NA	NA	73	0	0	73
Migrant	NA	NA	NA	291	3	1.03	291
MV		NA	NA	116	2	1.72	116
Blood donors	NA	NA	NA	17	1	5.8	17

Syphilis Screening testing

Group Target		Phase I Sept 2005 to Dec 2007			Phase II Jan 2008 to Oct 2009		
	N Testing	N Positive	Prevalence	N Testing	N Positive	Prevalence	Acc N
PW	NA	NA	NA	1856	2	0.1	1856
STIs	478	9	3.9	628	16	2.54	1106
Abortion	NA	NA	NA	182	1	0.54	182
EP	NA	NA	NA	69	0	0	69
Migrant	NA	NA	NA	291	2	0.68	291
MV	NA	NA	NA	112	1	0.89	112
Blood donors	NA	NA	NA	17	0	0	17

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All project clients