Editorial comment for *upd*AIDS column

Prevention of perinatal HIV transmission – the way to reduce childhood HIV

The majority of people infected with HIV are adults. In the early day of the epidemic it was recognised mainly in gay men. However, in contrast to North America and Europe in sub-Saharan Africa heterosexual women of childbearing age carry the highest burden of HIV disease. During 2006 the HIV seroprevalence amongst women attending antenatal clinics in the public health sector within South Africa was 29.1%.[1] In each of these infected pregnant women HIV could potentially be transmitted perinatally to their child. On the other hand, an effective perinatal mother to child transmission (PMTCT) programme could reduce perinatal acquired HIV infections to <2%. Early antenatal attendance and knowledge of HIV status are prerequisites to effectively implement antiretroviral therapy (ART). A dual therapy regimen in non-breastfeeding women can achieve a transmission rate of 2%, whereas mono therapy with single dose nevirapine (sd NVP) often fails due to the once off nature of the intervention as opposed to ample opportunity to administer zidovudine (AZT) antenatally with dual therapy. In this editon of upd*AIDS* Prof Gerhard Theron[2] reviews the literature and suggests how it should be applied most appropriately within the South African context. He suggests that a higher CD4 threshold to initiate highly active ART (HAART) would increase the window of opportunity while women are reasonably healthy. Irrespective of the maternal stage of disease and respective therapy, the newborn babies receive the same ART regimen.

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References

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