Letters to the Editor

HIV Testing in Pregnancy

To the Editor: With reference to the MPS Case Report; "At risk of pregnancy" in the case entitled "summary" Family Practice, May 2006[1].

We read the case findings with some concern as we feel that the case is misleading in a professionally irresponsible way. The summary refers to an HIV test ordered on a pregnant woman as a test for which there was "no clear indication that it was needed." The implication of this comment is that pregnancy is not an indication for an HIV test. We are of the opinion that it is every health care provider's responsibility to encourage HIV testing for all pregnant women. One could go so far as to state that "opt out" HIV testing following compulsory HIV counselling for pregnant women should be implemented routinely.

The rationale for routine HIV testing in pregnancy is outlined below:

- Both pregnancy and HIV are acquired through unprotected sex.
- HIV infection amongst pregnant women is common. A recent National ANC HIV prevalence rate is quoted as 29.5% of pregnant women being HIV infected[2].
- HIV positive pregnant women benefit from the use of antiretroviral therapy[3].
- Children born to HIV infected women who are treated with antiretrovirals have better outcomes compared to children whose mother's do not access antiretroviral therapy[3].
- The risk of transmitting HIV infection to a woman's infant is considerably reduced with the use of antiretroviral therapy[3].
- The most common cause of maternal mortality in South Africa is AIDS
- Many people who are HIV infected do not consider themselves at risk for HIV[4] and would not spontaneously think of having an HIV test. People at risk and people who would benefit from knowing their HIV status should be encouraged to be tested for HIV by their health care providers.
- None of the above issues could be addressed in the absence of knowing a pregnant woman's HIV status.

It is important to clarify that we are not condoning Dr. F's behaviour. It is essential that HIV testing be done with a patient's consent and with appropriate counselling. Where an initial test is positive, an appropriate HIV confirmatory test/s should be done prior to giving a patient a definitive HIV result.

Within its defence of Mrs. D's case, though, the MPS article goes too far when it criticises Dr. F for ordering an HIV test for Mrs. D in the first place - not because Mrs. D did not have the opportunity to make the decision, but because Dr. F "had decided to request the test despite there being no clear indication that it was needed." This single sentence of the MPS summary seriously undermines the critical importance of HIV testing of pregnant women.

Black V, MBBCh, BSc, DTMh, HIV Man Dip
Reproductive Health and HIV Research Unit University of the Witwatersrand

Correspondence to: v.black@rhrujhb.co.za

Prof Rees H, OBE, MB BCHIR (Cantab), MA (Cantab) , MRCGP, BCH, DRCOG, Harverd Business School Alumnae
Executive Director of RHRU

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(Editorial Note: The MPS was approached for a response but at the time of publishing none was received)

Editorial Comment:
All pregnant women should be tested for HIV as the impact is on the baby as well as the mother. Of course informed consent and counselling apply. In a country such as SA with a poor policy there is a huge move to introduce "opt-out" meaning that all pregnant women will be tested unless they specifically decline

Equal Opportunities For Children With Hearing Loss By Means Of Early Identification

Inequality in health care is a pervasive challenge that is often most pronounced in the case of disabled individuals.[1] Infant hearing loss is a case in point. It is often referred to as the silent, overlooked epidemic of developing countries because its invisible nature prevents detection by means of routine clinical procedures.[2] It is referred to as an epidemic because of its high prevalence, being the most common birth defect.[2,3,4] Even though it is not a life-threatening condition, failure to intervene in time renders it a severe threat to critical quality of life indicators such as education, employment and societal integration.[2,3,4]

A growing body of evidence supports the view that investing in early childhood has an enormous impact on children's health and their ability to learn and can result in important long term economic returns which may be much higher than investment in formal education.[1] Since differences in cognitive development start to widen from a very early age, early childhood development initiatives for all are central to create more equal opportunities.[1] This is even more pronounced in the case of children born with a disability such as childhood hearing loss, since numerous studies have demonstrated the cognitive, social-emotional, vocational and financial constraints on their development compared to those without the disability.[1,5,6] The adverse effects of hearing loss on language and cognitive development, as well as on psychosocial behaviour are widely reported against the established benefits of early intervention.[5,6] Late identified hearing loss affects an individual's ability to obtain, perform in and keep a job, and it causes individuals to be isolated and stigmatised during the entire course of their lives.[5,6]

This stands in stark contrast to current evidence which indicates that infants enrolled in universal newborn hearing screening programmes are detected earlier and the subsequent intervention leads to linguistic, speech and cognitive development that is comparable to normal hearing peers.[5,6] Early hearing detection and intervention programmes can effectively address the inequalities caused by the developmental constraints associated with infant hearing loss.[5,6] Children in such programmes are afforded the opportunity to develop to their maximum potential, allowing them to be-

come active participants and contributing members of their communities.
These facts have led to early detection and intervention for infants with hearing loss rapidly becoming the standard of care in developed countries, with a country like the USA already screening 95% of all newborn infants using highly accurate physiological techniques (otoacoustic emissions and/or auditory brainstem responses). No other type of screening programme has demonstrated the same efficacy as universal newborn hearing screening programmes to reduce the age of hearing loss identification and to produce such positive outcomes.[6] Unfortunately the momentum for implementing such widespread screening programmes has not spilt over to developing countries where two thirds of the world's children with hearing loss reside.[2]

The initial detection of hearing loss in South Africa is primarily passive as a result of parental concern about observed speech and language delays, unusual behaviour or the complications of otitis media. The detection of hearing loss often takes place after two years of age and even during adolescence. These realities exacerbate the impact of hearing loss on young children and consign them to a secluded life with limited access, if any, to education and employment opportunities. From an ethical and human rights perspective narrowing avoidable disparities in healthcare, such as those evident between children with early identified hearing loss and those without, is an important and pressing imperative. The World Health Organization's definition of health is not just the absence of disease but the complete physical, mental, and social wellbeing of an individual and therefore health beyond survival for those infants with hearing loss can only truly be accessed through early identification and intervention.[7]

The South African government recognises the importance of early intervention for children in the preventative approach proposed in the White Paper for the Transformation of the Health System in South Africa. This prevention also includes preventing secondary complications, such as developmental delays in language for infants and children with hearing loss. The White Paper on an Integrated National Disability Strategy[8] furthermore calls for "early identification of impairments and appropriate interventions" within the primary healthcare system, while it also announces "free access to assistive devices and rehabilitation services… to all children under the age of six". It is clear that South African governmental policy guidelines favour the philosophy of screening for hearing loss in infants – it is only the implementation of such policy that is left wanting.

Equal opportunities for children with hearing loss are therefore attainable and justifiable through effective early hearing detection and intervention programmes and a growing body of evidence suggests long-term economic benefits to initial investments in such programmes.[1,6] These facts raise a moral obligation to pursue ways of implementing widespread newborn and infant hearing screening in South Africa.

Swanepoel DCD, PhD
Department of Communication Pathology, University of Pretoria

Correspondence to: dewet.swanepoel@up.ac.za

Delport SD, MBChB, MMed (Paed), PhD
Department of Paediatrics, Kalafong Hospital and the University of Pretoria

Swart JG, MBChB, MMed, MD
Department of Otorhinolaryngology, University of Pretoria

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