

Effectiveness of a protocol for reduction of HIV transmission in Colombia.

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❖ Background

Preventing vertical HIV transmission is one of the major goals in HIV programs around the world. This study was made to evaluate the effectiveness of the World Health Organization (WHO) protocol for prevention of vertical HIV transmission

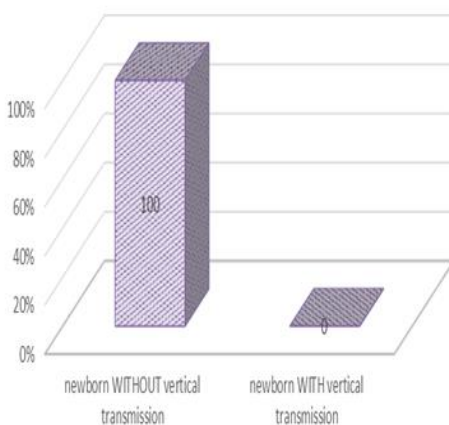
❖ Results

Data from 152 pregnant women was recollected. 14 patients were excluded by incomplete data; the minority of patients were diagnosed during first trimester of gestation (24), followed by 41 and 21 diagnosed in second and third trimester respectively. The most preferred ARV regimen was: Zidovudine/Lamivudine associated with Lopinavir/ritonavir. Raltegravir was used in high risk cases (third trimester diagnosis, recent infection). There were no serious adverse effects related to ARV treatment. All newborns received prophylaxis: 117 of them with Zidovudine for 42 days and 10 dual therapy with Zidovudine plus Nevirapine and 8 associated with lamivudine. The mean HIV viral load at the beginning of treatment in the mothers was 16727 copies/mL, and mean viral load previous to c-section was 45.6 copies/mL.

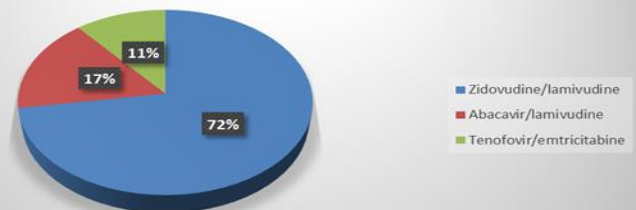
❖ Materials and Methods

A retrospective descriptive analysis of a cohort of pregnant women diagnosed with HIV infection that attended a HIV program located in Bogota Colombia between January 2009 and December 2018 is presented. The primary outcome was perinatal HIV transmission, other variables studied were: gestational age, current and previous antirretroviral (ARV) regimens, viral load of the newborn, initial and last measured HIV viral load plus CD4 count

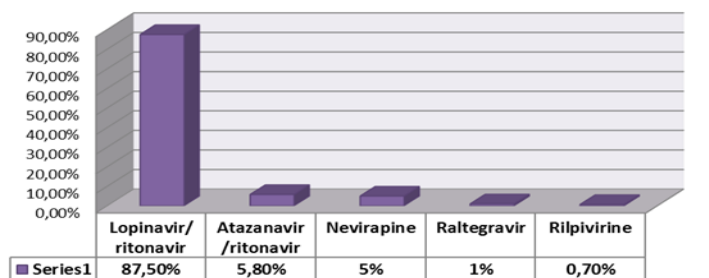
PERCENTAGE OF VERTICAL TRANSMISSION



Backbone therapy



Third medication



CONCLUSIONS

We found absence of perinatal infection in all newborn patients in the follow-up. For the mothers, ARV was safe and effective. WHO protocol guarantees the effectiveness in terms of reducing vertical HIV transmission.