PMTCT in 2011: Maximizing long-term outcomes through a measured approach

Jeff Stringer, MD
UAB and CIDRZ
Zambia
• What I’m selling:
• What I’m selling:

• What François is selling:
Current WHO guidelines

• Treat women who qualify for ART
• Provide ARV MTCT prophylaxis to those who don’t
  – Option A: ZDV+sdNVP; infant NVP syrup
  – Option B: Three maternal drugs
Who are we talking about?
4,160 HIV-infected women seeking ANC in Lusaka (2010)

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<th>WHO (-)</th>
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Presented at the 3rd HIV Pediatrics Workshop, 15 - 16 July 2011, Rome, Italy
What to do with the Green 30

- Is there any PMTCT reason to use HAART (rather than option A) in the green 30?
BAN: Maternal HAART versus infant NVP

Median CD4+

HAART Arm:
429 (324, 565)

Infant Arm:
440 (330, 591)
What to do with the Green 30%

- Is one approach more complex than the other?
Similar complexity

**Option A**
- Antepartum
  - MCH H&P
  - Hgb screen
  - Prescribe ZDV, sdNVP
  - Adherence counseling
  - Refill ZDV
- Postpartum
  - Prescribe Combivir tail
  - Prescribe infant NVP
  - Refill infant NVP

**Option B**
- Antepartum
  - Full H&P
  - Hgb screen
  - LFTs, renal function
  - Prescribe ART
  - Adherence counseling
  - Refill ART
- Postpartum
  - Prescribe infant ARV
  - Refill maternal ART
What to do with the Green 30

• Is there any Maternal reason to use HAART (rather than option A) in the green 30?
Starting ART at 350 versus 200 cells / μL in Haiti

Figure 2. Kaplan–Meier Estimates of Survival in the Early-Treatment and Standard-Treatment Groups.


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RCT evidence for starting ART at CD4+ > 350
What to do with the Green 30

• Could it be harmful to start women on ART too early in their HIV disease process?

30%
Four consequences of starting ART
(39,764 women, Lusaka Zambia)
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Missing 5 Pharmacy Visits

Needing Single-Drug Substitution

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Four consequences of starting ART
(39,764 women, Lusaka Zambia)

- Missing 5 Pharmacy Visits
- Needing Single-Drug Substitution
- Changing to 2\textsuperscript{nd} Line ART

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Four consequences of starting ART
(39,764 women, Lusaka Zambia)

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KM estimate of at least 1 “bad event”
(39,764 women starting ART in Lusaka)
What to do with the Green 30

• By starting ART in a healthy women, who am I not starting?
Patient Status: one busy clinic in Lusaka

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Summary

• Women who need ART for their own health should get it

• Policy is made on the basis of evidence from randomized trials
  – There is no randomized evidence of:
    • Improved infant outcomes
    • Improved maternal outcomes

• HAART for all is not simpler or cheaper

• Starting too early in systems that are already over-run with patients could prevent those in immediate need from gaining access