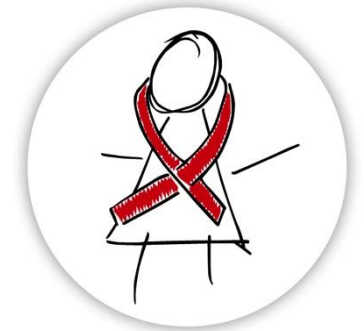


8th International Workshop on HIV Pediatrics
15-16th July 2016 Durban, S. Africa

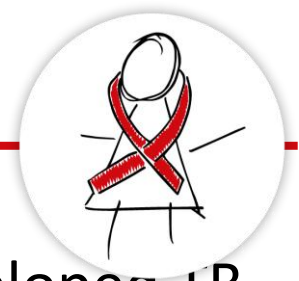


Discordant twins: perinatal management of HIV

Dr Gareth Tudor-Williams
Imperial College London
with thanks to

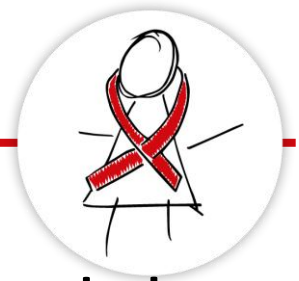
Dr Mo Archary
King Edward VIII Hospital / UKZN
Paediatric Infectious Diseases Unit

Maternal history



- Mother was diagnosed with HIV when she developed TB two years ago – completed 6 months TB treatment
- Started on ART (Tenofovir, Emtricitabine, Efavirenz FDC) 1 year before conception with TWINS
- She continued ART throughout pregnancy; however on first Ante-natal visit at 20 weeks gestation –
 - CD4 count was 127 cells/ul
 - HIV Viral load was 933 064 copies/ml.
- The mother was counseled during pregnancy regarding improving adherence and importance of maintaining an undetectable viral load.
- However her viral load remained more than a 1000 c/ml throughout her pregnancy.

1st question for panel:



- If she has a normal vaginal delivery, and the twins prove to be discordantly infected (one infected, the other not infected)....

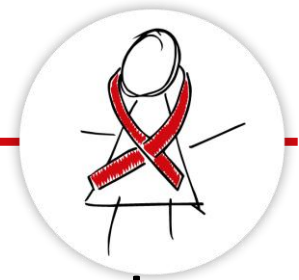
which twin is more likely to be infected?

2nd question for panel:



- How would you have managed this pregnancy?
 - ART Management
 - Obstetric Care

Infant management



- Post delivery, PCR was performed on each baby, and both infants were discharged on prophylactic ART
- 3rd question for panel
- What prophylaxis would you have given these infants, and for how long?

Day 3



- The birth PCR for Twin 2 has come back positive while for Twin 1 it is negative.
- Twin 1 is growing well without any problems

Siya (Twin 2) is called back

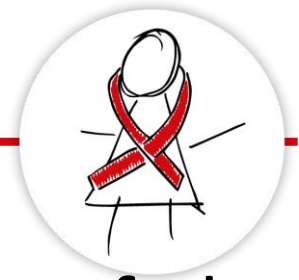


The baby is 3.0 kg and is feeding well



What ARVs are you going to give Siya?

Infant nutrition



- Both infants are being exclusively breastfed.
- Mother knows that her VL is high and wants advice regarding the best feeding option for the babies.
- What are you going to advise?