Dear Editor,

The Prevention of parent-to-child transmission of HIV/AIDS (PPTCT) programme was started in India in the year 2002, following a feasibility study in 11 major hospitals in the five HIV prevalence states. Currently, there are more than 4000 integrated counselling and testing centers (ICTCs) which offer PPTCT services to pregnant women. Of these ICTCs, 502 are in the Obstetrics and Gynaecology departments and maternity homes where the client load is predominantly pregnant women. The joint technical mission on PPTCT (2006) estimated that out of 27 million annual pregnancies in India, 189,000 occur in HIV-positive pregnant women. In the absence of any intervention, an estimated cohort of 56,700 infected babies will be born annually. The PPTCT programme aims to prevent peri-natal transmission of HIV from an HIV infected pregnant mother to her newborn baby. The program entails
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Most published studies on performance characteristics of the COBAS AMPLICOR (CA) system and Real Time PCR (RT-PCR) for detection of Mycobacterium tuberculosis have been carried out in countries other than India. [1] Strains of M. tuberculosis are known to vary in their genomic structure between geographical regions. Performance characteristics of these tests have not been determined on locally prevalent strains in Central India.

This study is an initial retrospective examination of the performance characteristics of the COBAS counselling and testing of pregnant women in the ICTCs. Pregnant women found to be HIV-positive are given a single dose of nevirapine tablet at the time of labor; their newborn babies also get a single dose of nevirapine syrup within 72 hours after birth to prevent transmission of HIV from mother to child.[2]

The two-and-a-half year data of PPTCT program at MKCG Medical College, Berhampur from November 2005 to April 2008 was analyzed. Of the total 7066 antenatal care (ANC) patients counselled for PPTCT, 4560 (64.53%) were tested for HIV following NACO guidelines.[2] Of these 47(1.03%) HIV positive women, 24(51.06%) delivered in the hospital. All women delivered in the hospital received nevirapine tablet (Table). Studies have documented that HIV epidemic has reached the rural areas as well.[3] The number attending ANC clinic, as well as number coming for hospital deliveries is gradually increasing over the years. The prevalence rate of HIV / AIDS among pregnant women was found to be 1.03%. All HIV positive mothers who delivered in the hospital, received nevirapine tablet. Three infants received nevirapine syrup but their mother did not take nevirapine during labor as these HIV-positive mothers delivered during transportation to hospital or reached hospital within 72 hours of delivery.

There is an urgent need to induce faith, confidence and motivation among the women for post test counselling, accepting the verdict and availing the facilities. To provide universal access to PPTCT services, further scale up is planned, up to the level of Community Health Centre and the Primary Health Centre, as well as private sector, by forging public-private partnerships.

Table: Year wise distribution of results of PPTCT of HIV programme

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of ANC Counsedled</th>
<th>No. of HIV tested (% out of No. of ANC)</th>
<th>No. of Positive (% out of No. of HIV tested)</th>
<th>No. of delivered in hospital (% out of No. of HIV positive)</th>
<th>No. of HIV positive women received Nevirapine</th>
<th>No of Infants born received Nevirapine</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005*</td>
<td>280</td>
<td>126 (45)</td>
<td>01 (0.79)</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>2006</td>
<td>2741</td>
<td>1106 (40.35)</td>
<td>17 (1.53)</td>
<td>8 (47.05)</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>2007</td>
<td>3177</td>
<td>2538(79.88)</td>
<td>26 (1.02)</td>
<td>14 (53.84)</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>2008**</td>
<td>868</td>
<td>790 (91.01)</td>
<td>03 (0.37)</td>
<td>2*** (66.66)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>7066</td>
<td>4560 (64.53)</td>
<td>47 (1.03)</td>
<td>24 (51.06)</td>
<td>24</td>
<td>27</td>
</tr>
</tbody>
</table>

*Two Months data, ** Four months data, *** Patients not yet delivered, ANC – Antenatal Care

There is an urgent need to induce faith, confidence and motivation among the women for post test counselling, accepting the verdict and availing the facilities. To provide universal access to PPTCT services, further scale up is planned, up to the level of Community Health Centre and the Primary Health Centre, as well as private sector, by forging public-private partnerships.

References

2. NACO: Revised PPTCT Training Curriculum Trainer Manual (India), New Delhi, India; 2004.

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