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HIV seroconversion during pregnancy in the Tygerberg region of Cape Town

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To the Editor: AIDS is one of the leading causes of death in children, with mother-to-child-transmission being the dominant mode of HIV acquisition among young children. A high viral load is associated with a higher risk of transmission.¹ Seroconversion during pregnancy results in viraemia and high viral load.

The current Perinatal Maternal to Child Transmission (PMTCT) programme in the Western Cape provides voluntary counselling and testing at the booking visit. Women who become HIV-positive during pregnancy do not receive prophylaxis during labour, as they are believed to be HIV-negative. Especially at risk are women who book early, increasing the interval between testing and delivery. These women will also not receive counselling on the best method of infant feeding, increasing the HIV risk. Repeat HIV testing during late pregnancy will identify these cases. However, before extending additional resources to retest during pregnancy the extent of the problem needs to be verified.²

Consecutive HIV-negative women tested before 24 weeks' gestation at antenatal clinics in the Tygerberg region were approached to take part in the study between 36 and 38 weeks of pregnancy. Patients who accepted repeat testing received pre-test counselling and gave signed informed consent followed by HIV rapid testing and post-test counselling. Five hundred patients were recruited, with the sample size at each site proportionate to the clinic size. The OraQuick Rapid Test (OraShure Technologies, Bethlehem, Penn., USA) was used for screening and the Pareekshak HIV Tri-Line (BHAT Bio-Tech, Bangalore, India) for confirmation. In the event of discordance an enzyme-linked immunosorbent assay (ELISA) was performed.

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A total of 532 patients were recruited from February to September 2004; 524 (98.5%) consented to a second test (Table I). The mean age of the study patients at the sites ranged from 22.9 to 29.3 years, the median gravidity from 1 to 2 and the proportion of primigravidas from 14.4% to 62.4%. The mean gestational age at the first antenatal visit ranged from 15.9 to 18.4 weeks and at retesting from 36.7 to 38.1 weeks. The percentage of patients who declined screening at the first visit ranged from 4.9% to 20.3%, and the HIV seropositive rate ranged from 0.9% to 16.7% (Table I) according to PMTCT data collected from January to June 2004. No patient seroconverted during pregnancy. One discordant rapid test occurred, but the ELISA test was negative.

Table I. Characteristics of clinics included in the study

Clinic	N	HIV pre-valence (%)	Declined test at booking (%)
Tygerberg Hospital	53	8.7	4.9
Belhar	47	0.9	13.8
Delft	142	16.7	12.8
Bishop Lavis	68	0.01	20.3
Elsiesrivier	148	1.7	12.6
Bellville-Suid	42	9.4	8.9

The seroconversion rate in the Tygerberg region appears to be lower than the 5% reported at Chris Hani Baragwanath Hospital (Rwakvendela *et al.*, unpublished data, 2002) and the 2.2% reported at King Edward VIII Hospital³ following the retesting of 390 and 191 patients, respectively. Retesting during late pregnancy could be restricted to women with high-risk behaviour.

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