

MAKING HEADWAY IN PEDIATRIC HIV:

Achieving Zero Mother-to-Child HIV Transmission

Professor Usa Thisyakorn, M.D.

Chulalongkorn University

Bangkok, Thailand

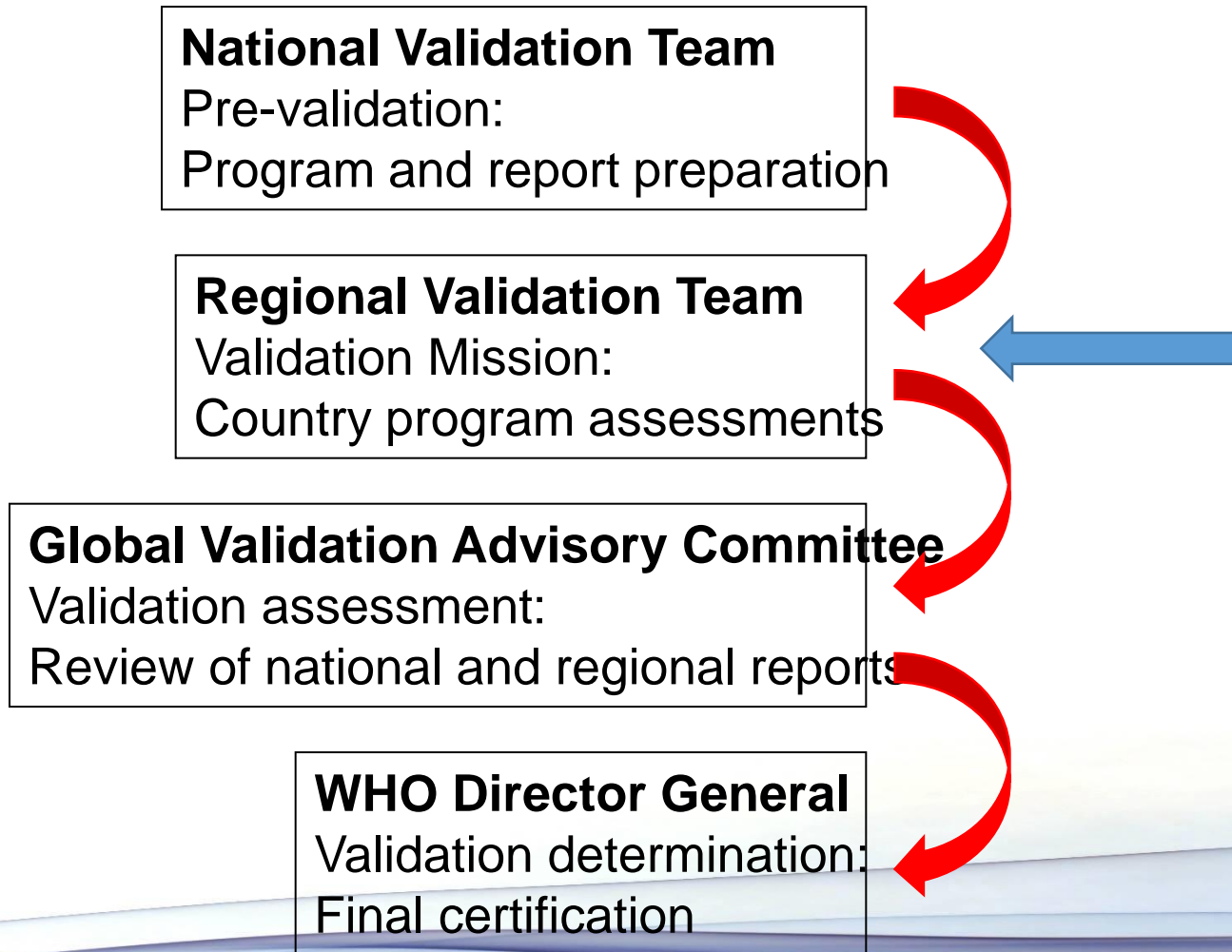


7 June 2016

Achievement of EMTCT of HIV

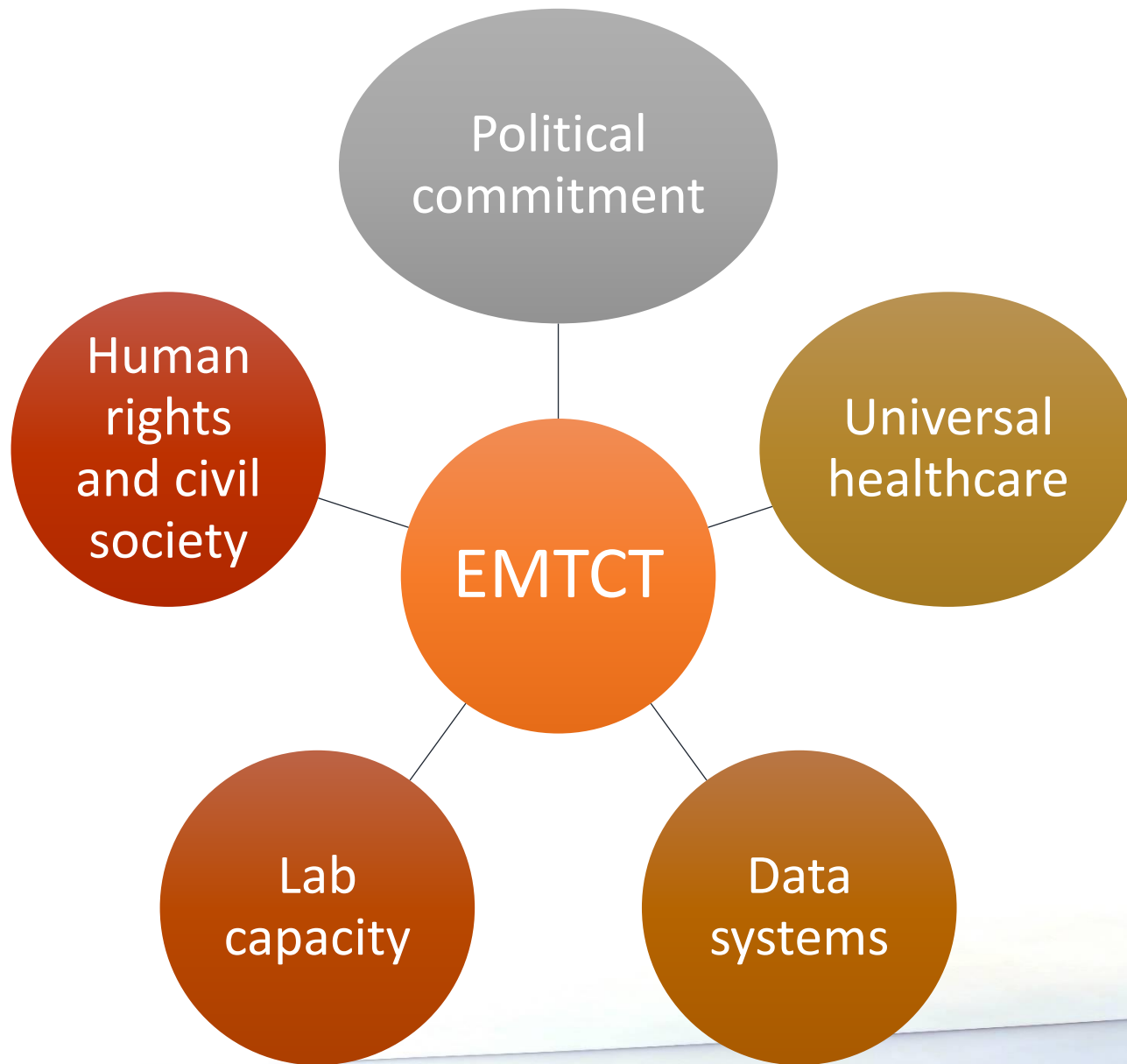


Global validation process



Requirements for certification of elimination of mother-to-child transmission of HIV and congenital syphilis

- Impact targets = 2
 - HIV: **≤50** new pediatric infections per 100,000 live births and a transmission rate of **<2%** in non-breastfeeding (<5% in breastfeeding) populations
 - Syphilis: **≤50** cases of congenital syphilis per 100,000 live births
- Process targets = 4
 - Antenatal care coverage **≥95%**
 - Antenatal HIV and syphilis testing coverage **≥95%**
 - Antiretroviral treatment coverage **≥90%**
 - Syphilis-seropositive treatment coverage **≥95%**
- Within the context of sufficient public health infrastructure and respect for human rights, gender equity, community engagement



**ELIMINATION OF
MOTHER-TO-CHILD TRANSMISSION OF HIV:
LESSONS LEARNED FROM SUCCESS IN THAILAND**

<http://www.tandfonline.com/loi/ypch20>

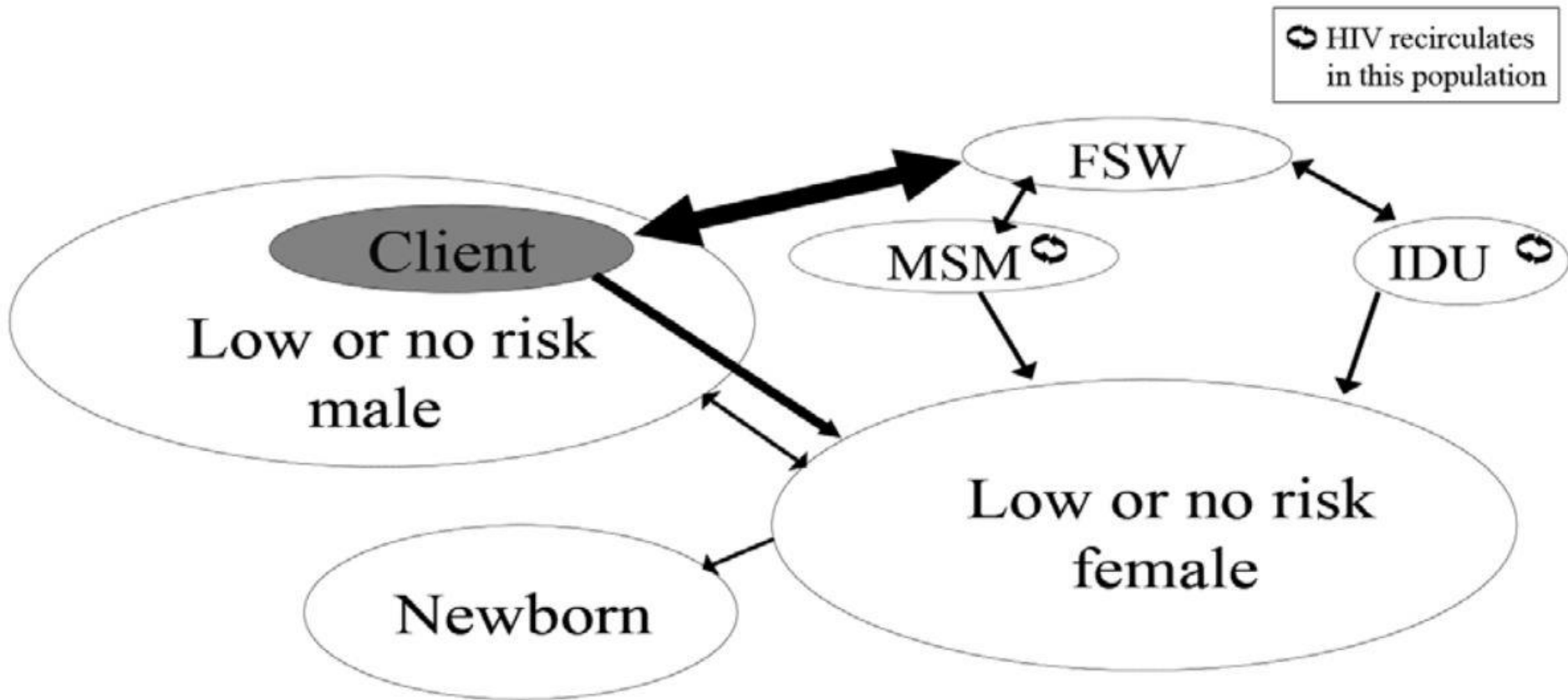
**Paediatrics and International Child health
2017;37:99-108.**



PMTCT of HIV

- **Universal HIV testing of pregnant women**
- **Provision of ARV therapy when needed for maternal health or prophylaxis**
- **Elective cesarean delivery**
- **Avoidance of breastfeeding**

HIV TRANSMISSION DYNAMICS IN THAILAND



Goal for Elimination Mother-to-Child HIV Transmission, in Thailand by 2015

- 1. 50% reduction in number of new pediatric HIV infection
- 2. 50% reduction of AIDS mortality rate among HIV+ mothers and babies

50% reduction of AIDS mortality in children

-Promote early infant diagnosis
-Early access to Rx and care
-Improve quality of pediatric HIV treatment, promote ARV adherence and reduce complication

Prong 1 target

Reduction of new HIV infection among women 15-45 years for 2/3 of estimated number

Prong 2 target

Reduction of unmet family planning need to zero

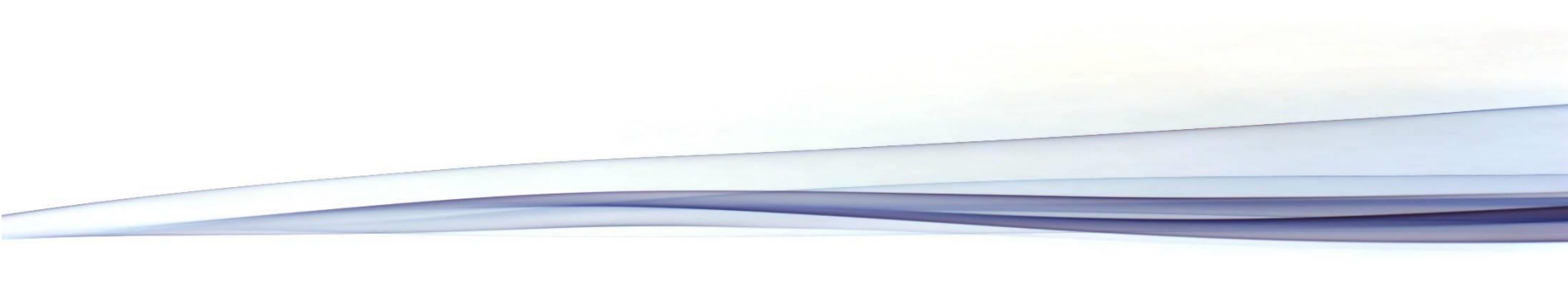
Prong 3 target

Reduce MTCT rate to < 2%

Prong 4 target

95% of HIV+mothers and family refer to treatment and care

LESSONS LEARNED

- ★ National responses with strong political & financial commitment
 - ★ Effective responses involving all sectors of society
 - ★ Epidemiological, Social & behavioral research & monitoring
 - ★ Early & pragmatic action
- 

Goal: Thailand National AIDS Strategy by 2030

No new perinatal HIV infection



Roles of Pediatricians for EMTCT in Thailand

- Play a leading role in national PMTCT guidelines development and advocate for expanded country-wide access to quality PMTCT services and preparation data for EMTCT validation.
- Participate in PMTCT research and program evaluation
- Work with MOPH, other government agencies, and local partners to
 - Develop tools and materials for PMTCT services
 - Conduct trainings for HCWs
 - Provide supportive supervision, mentorship, and coaching to ensure provision of high-quality, evidence-based PMTCT services
 - Conduct case investigation to identify causes of MTCT
- Deliver a comprehensive package of services to women, children, and their families (4 prong model) by integration of PMTCT services to routine MCH work
- Utilize service/program data to improve PMTCT service quality
- Provide community education on PMTCT to increase awareness of MTCT and PMTCT services

Challenges for EMTCT and responses: Thailand case study

Challenges	Responses and next steps
Late presenter	<ul style="list-style-type: none">• Revise national PMTCT guidelines 2016: Include raltegravir* as an option for late presenter (GA 32 wks) in addition to HAART• conducts pilot study of using raltegravir in late presenters by Thai Red Cross
Poor adherence	<ul style="list-style-type: none">• Share best practice and promote case management and improve counseling service
Discordant couples and HIV seroconvert after delivery	<ul style="list-style-type: none">• Revise national PMTCT guidelines 2016: Emphasize importance of couples HIV testing and counseling (target>60%)
ARV resistance in mothers	<ul style="list-style-type: none">• Conduct operational research to assess primary ARV drug resistance in pregnant women by Thai AIDS Society

Thai National HIV Treatment and Care Guidelines 2016

Management of Infants Born to HIV+ Mothers by MTCT Risk

Standard risk

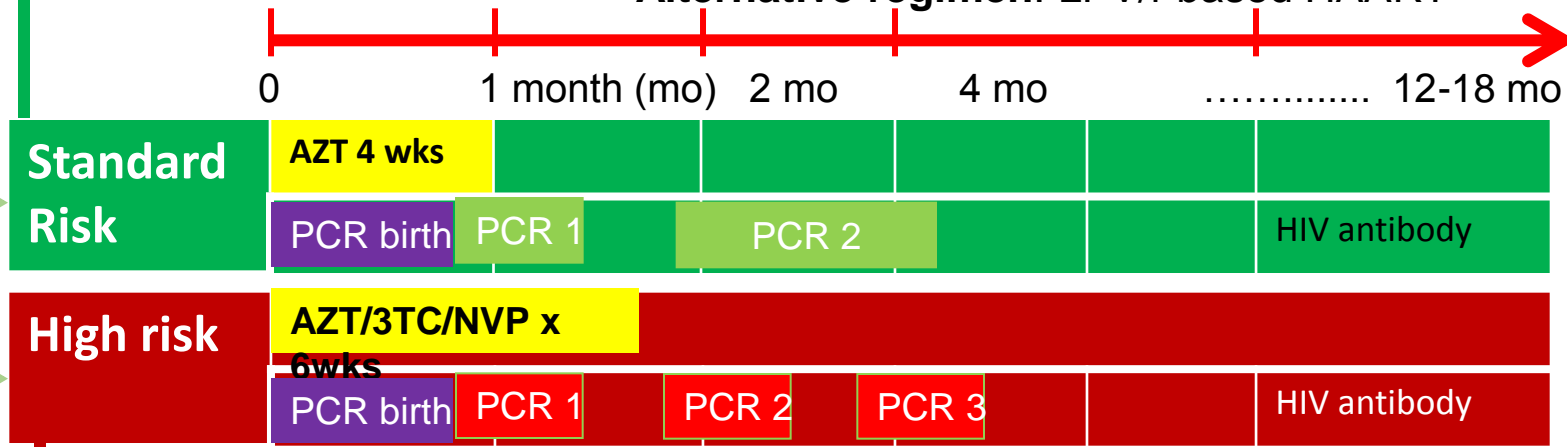
- Maternal VL at 36 wks ≤ 50 cpm
- Pregnant women received HAART > 12 wks

Initiate PMTCT regimen ASAP for HIV+ pregnant women and continue for life (option B+)

First line regimen: TDF/FTC/EFV

Alternative regimen: LPV/r based HAART

Assess MTCT risk in infants born to HIV+ mothers



High risk

- Maternal VL at GA 36 wks > 50 cpm
- Pregnant women received HAART ≤ 12 wks
- Poor ARV adherence

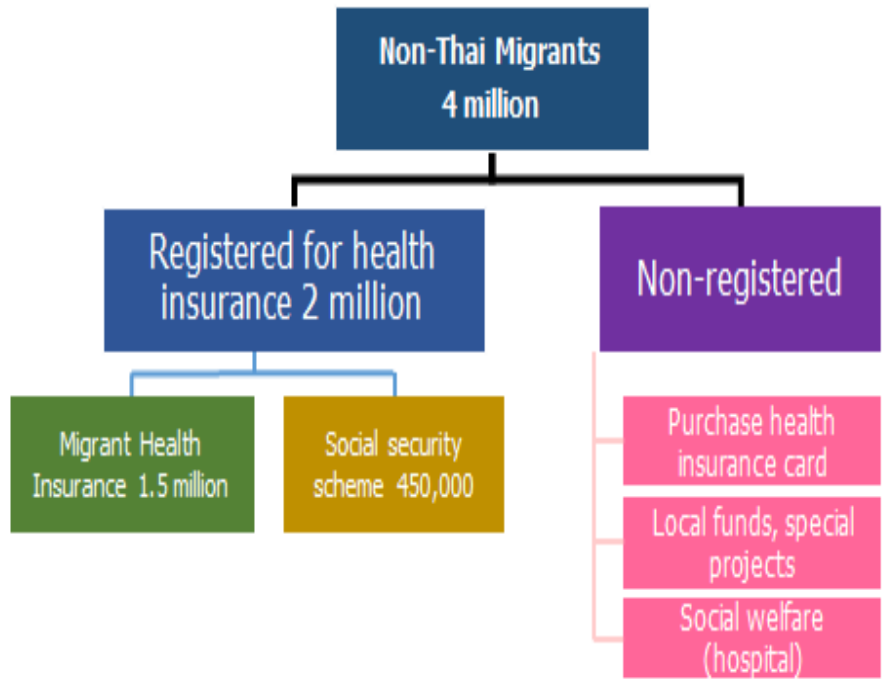
Aug 2014-present: HIV PCR DBS testing at birth supported by Department of Medical Sciences (MOPH) and Chiang Mai

II. FINANCING: PMTCT Services

The Thai government provides most of the budget (>90%) for Thais

- Universal access to antenatal care benefit package (HIV testing)
- PMTCT/HIV services (HIV lab monitoring, HAART, replacement feeding, early infant HIV diagnosis)

Migrant Health Insurance



Migrant health insurance card

Maternal child health card



Special projects (e.g. the TRCS through the 'Princess Soamsawali PMTCT Fund') provides support for PMTCT drugs and laboratory testing

PMTCT of HIV: Important policy & Program milestones

WHO PMTCT guideline revision (2006)

Clinical guidelines virtually unchanged from 2004.
Greater emphasis on the provision of universal access, in line with WHO HIV treatment initiatives.

PMTCT pilot programs across 11 countries (UNICEF)

Call to Action Program (Elizabeth Glaser Pediatric AIDS Foundation)

WHO technical consultation on PMTCT

Recommendations for PMTCT regimens provided for global settings

U.N. Special Session on HIV/AIDS Declaration of Commitment

Reduce the proportion of infants infected with HIV by 20% in 2005 and 50% by 2010, by increasing service utilization among pregnant women to 80%

MTCT-Plus (Columbia University consortium)

International Mother and Child Prevention Initiative (U.S. government)

President George W. Bush launches the President's Emergency Plan for AIDS Relief (PEPFAR) at State of the Union address

WHO PMTCT guideline revision (2004)

ART recommended for HIV-infected pregnant women who met criteria for maternal health. Short-short ZDV (starting at 28 wks) and peripartum NVP recommended for women not yet eligible for treatment.

Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008

WHO "Rapid Advice" for PMTCT

Treatment recommendations for ART changed to include all pregnant women with CD4 \leq 350 or clinical stage 3-4. For women not yet eligible for ART, recommendations include prophylaxis from 14 wks onward until the end of breastfeeding. Two PMTCT regimens recommended (i.e., Options A and B).

WHO guidelines on HIV and infant feeding

Antiretroviral treatment or prophylaxis should be provided over breastfeeding. Exclusive breastfeeding recommended for first 6 mo, followed by 6 mo of complementary feeding. HIV-infected infants should continue breastfeeding up to 2 year or beyond

WHO PMTCT guideline revision (2010)

Supporting data for 2009 "Rapid Advice" recommendations provided

UNAIDS, PEPFAR, and partners launch global plan for virtual elimination of pediatric HIV

Reduce pediatric HIV cases by 90% and reduce transmission to <5% in 2015

WHO PMTCT programmatic update

Preference for Option B / B+ indicated

1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017



INTERNATIONAL
SOCIETY OF TROPICAL PEDIATRICS

CONCLUSION

Thailand has achieved WHO elimination of mother-to-child HIV transmission targets with early and concerted efforts of all sectors of Thai society.

This provided numerous lessons learnt in working together to safeguard children.



THE 9TH ASIAN CONGRESS OF PEDIATRIC INFECTIOUS DISEASES



[Date]

November 10-12, 2018

[Venue]

**Fukuoka International Congress Center
Fukuoka Sunpalace**

[Chairman of ACPID 2018]

Hiroyuki Moriuchi, M.D., Ph.D.

Professor, Chairman of Pediatrics, Kyushu University Graduate School of Biomedical Sciences & Center for Translational Medicine and Global Health
Pediatrics and Infectious Diseases, Fukuoka, Japan

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Global House Fukuoka Bldg. 7-8-8, Hakobari-cho, Nakasu-ku, Fukuoka 814-0076, Japan
Tel. (+81) 92-437-4155 / FAX (+81) 92-437-4153 / Email: a-acpid@plinkage.jp



THANK YOU

