

INFECTIOUS DISEASES

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The high sero reversion of human immunodeficiency virus (VIH) in vertically exposed infants who received all the care measures to reduce the mother-to-child transmission in Guayaquil, Ecuador

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Background: The leading global epidemic Human Immunodeficiency Virus (VIH) infection has been well-documented. It is transmitted from an infected person to an uninfected one by two ways: Horizontal and vertical transmission (VT), which is mother-to-child transmission (MTCT) and is acquired at one or more of the following stages: Transplacentally in the uterus during pregnancy, perinatally during the process of labor and delivery and postnatally during breastfeeding. The reason of this study is to demonstrate that adequate management at each of these three moments reduces the MTCT.

Methods: A observational-retrospective study was carried out at Maternidad Matilde Hidalgo de Procel in Guayaquil, Ecuador to detect the prevalence of serorevertors newborns of VIH who received prophylactic antiretroviral treatment at birth, formula milk and whose mothers got administered antiretroviral therapy (ART) during pregnancy or partum according to the established schemes. These vertically exposed infants were followed up by an accredited pediatrician by the National Program of HIV-AIDS to receive special care during at least the first 18 months.

Results: 100 pregnant women were enrolled. ART was started between the 14th and 28th pregnancy week in a 41%, after the 28th week in 24% and during labor or delivery in 35%. 100% of pregnant women received ART intrapartum. 100% of the newborns received antiretroviral prophylaxis from 6 to 8 hours old for 4-6 weeks according to the applied scheme. In both, mothers and children, the most frequently administered regimen was the C with 48% based on zidovudine. 100% of the newborns were fed by formula milk and 100% was serorevertor of HIV.

Conclusions: This study shows that MTCT was 0% due to the seroreversion in children at ≥ 18 months which represents that the treatments and properly applied procedures reduce the MTCT to zero and place Ecuador at the level of developed countries where the VT has been decreased at 1-2%.

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