

1. HIV viral load is used to determine treatment success

The viral load test is a quantitative measurement of HIV nucleic acid (RNA) that is used to monitor the status of HIV disease. It also shows us how actively the virus is reproducing. A viral load is done six months after treatment initiation, to determine treatment success. A low VL is about 40 to 500 copies/ml and means that treatment is working. A high viral load means that the patient is either non-compliant or has developed resistance to their ARVs. Two viral load readings above 1000 copies/ml at least one month apart, with good adherence is regarded as virological failure. The patient needs to be changed to an alternative regimen.

Recommendation: Do a CD4 **and** viral load after 4 to 6 months of treatment to determine treatment success. Discuss with an ID specialist if needed.

2. ARV usage during pregnancy dramatically reduces the risk of perinatal transmission

With correct use of ARVs the risk of transmission is reduced from around 25% to about 2%.

Recommendation:

- Start patients on appropriate treatment as soon as possible
- Counsel patients intensively on compliance to ensure treatment success and reduction of MTCT

3. Latest evidence suggests that breastfeeding while on ARVs is the best feeding option.

Breast is best! Risk of transmitting HIV to infants while on ARVs is less than 1%. Latest evidence shows that risks associated with formula feeding far outweigh the risk of transmitting HIV to infants.

Recommendation: Be an advocate for breastfeeding. Only prescribe formula feeds if really necessary.

4. All HIV infected pregnant women must receive treatment. Treatment prescribed depends on CD4 count

CD4 > 350 cells/ μ L: AZT from 14 weeks of gestation, NVP at onset of labour and AZT 3 hourly during labour), and Truvada after delivery to cover the NVP tail.

CD4 \leq 350 or any WHO stage 3 or 4 defining illness: Start HAART (TDF, 3TC and EFZ

Recommendation: Start pregnant mothers on appropriate treatment as soon as possible.

5. Co-trimoxazole prophylaxis is safe during pregnancy

Co-trimoxazole is used as prophylaxis against many potentially life threatening opportunistic infections caused by organisms such as Pneumocystis Jirovecii, Toxoplasmosis, Isoporiasis etc.

Recommendations: Prescribe Co-trimoxazole to all pregnant mothers with CD4 counts of < 200.