HIV-infected infants born to women who tested HIV-negative during pregnancy

To the Editor: The prevention of mother-to-child transmission (PMTCT) programme in the Western Cape is said to have achieved 100% coverage.[1] This implies that all pregnant women who attend an antenatal health care facility in the public sector are offered voluntary counselling and testing (VCT). Uptake varies but has been reported to be as high as 90% in the Guguletu district.[1] Currently, women who test HIV-positive qualify for the nevirapine-based PMTCT programme. Transmission rates below 10% have been achieved in some health districts (Médecins sans Frontières — unpublished research).

Mothers of several perinatally infected infants recently diagnosed in our institution have indicated that they tested HIV-negative during their pregnancy. In some cases we have verified their statements with clinical and laboratory documentation. There is a need to determine the frequency of this phenonomen.

Pregnant women are encouraged to book at their nearest antenatal clinic before 5 months' gestation, although this frequently does not occur. We are concerned about women who *do* book early and test HIV-negative. Some may be in the 'window period' of the infection or become infected from a sexual partner during the latter stages of pregnancy. At present, there is no provision within the PMTCT programme for repeat HIV testing during pregnancy. Some women may, therefore, be denied the benefits of prevention measures including counselling on infant feeding options.

One possible solution is the use of rapid HIV testing in women presenting in labour. While this may detect women who previously tested HIV-negative for the reasons indicated above, labour is certainly not an optimal time to receive counselling and give informed consent for an HIV test. A less explored alternative would be to allow for repeat testing during the antenatal course. Repeat HIV testing at 34 - 36 weeks' gestation would detect those women who have seroconverted or acquired infection since undergoing initial HIV testing, and allow for timeous introduction of prevention measures. A third option is to consider selective re-testing on demand, following a high-risk exposure or a suspected seroconversion illness. Rapid testing of unbooked delivered mothers in the immediate postnatal period would allow for neonatal post-exposure prophylaxis.

The overall goal should be the reduction of vertical transmission to the absolute minimum. In this regard the Western Cape government is about to intensify the antiretroviral options within its programme. One hundred per cent PMTCT coverage should mean that all women who qualify for prevention and who are willing to accept the PMTCT programme are in fact included. Repeat HIV testing during late pregnancy will assist in making this a reality, and may make a small but important contribution to reducing vertical transmission. A study on the extent of the problem and additional resources in the form of midwives and counsellors are prerequisites to this being included in routine care.

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1. Department of Health, South Africa. *Interim Findings on the National PMTCT Pilot Sites. Lessons and Recommendations*. Pretoria: DOH, 2002.

Dispensing — ironies and conflicts

To the Editor: How ironic to discover that some of the very colleagues who helped to take the dispensing issue to court were among the very first to do the dispensing course and apply for their own dispensing licences.

How equally ironic to observe that SAMA on the one hand opposed the dispensing licence issue but on the other let the SAMA-affiliated Foundation for Professional Development be one of the first three bodies to advertise a dispensing course at (of course) a substantial profit for themselves.

Yet again doctors couldn't succeed in uniting and in so doing make an end to this backstabbing from (primarily) our pharmacist 'friends'. Is it yet again doctors' greed and self-interest that caused these conflicting actions within our profession? Are we losing our self-respect as professionals that we accept being evaluated by another profession, the pharmacists, on something we are taking all the responsibility and accountability for? Would any other profession allow something like this to happen to it?

Yet again we as doctors sat back and hoped that the legal profession alone would be successful in fighting our case for us, while allowing ourselves to be divided and ruined. Shouldn't we have doomed this process to total failure by refusing to comply with unreasonable requirements — in unity? When will we ever learn, doctors? When will we ever learn . . .?

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