

HUMAN IMMUNO DEFICIENCY VIRUS INFECTION: SEROCONVERSION DURING PREGNANCY

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ABSTRACT

Background: Nigeria HIV/AIDS disease burden is now the second largest worldwide. Acute HIV infection (sero-conversion) in pregnancy is of paramount importance because of its associated higher risk of vertical transmission.

Objective: This is to detect booked patients, who at registration were in the window period of immunodeficiency virus infection, but tested reactive to a repeat HIV screening in labour.

Materials and Methods: All booked patients for the months of April and May 2010 were offered counseling and testing, with opt-out option, at booking. The patients found to be non-reactive at booking, were followed up over a period of one year and had the screening repeated in labour with rapid test kits, if three months or more had elapsed after the initial screening.

Results: A total of 206 patients registered for ANC during the period of study and nine patients tested reactive to HIV at the booking for ANC, giving a prevalence rate of 4.4%. Of the remaining 197 patients, 108 parturients (52.4% of the booked population) presented in labour but 86 (79.6%) of them met the inclusion criteria and were thus studied. The remaining 89/206 (43.2%) of the booked patients were lost to follow up.

The duration of ANC in the studied population ranged from 12 to 33 weeks with a mean of 18.7 weeks. Out of 86 HIV negative patients that presented in labour, 2 (2.3%) patients tested reactive (sero-converted) when re-screened for HIV infection in labour. Majority of the patients 84 (97.7%) engaged in unprotected sexual intercourse in index pregnancy, despite the fact that only 18 (21%) of the participants knew their partners' status. Abnormal vaginal discharge which may signify STI was found to be statistically significant in acquisition of HIV (OR = 0.68, 95 C.I = 0.47 – 0.99).

Conclusions: The prevalence rate of HIV infection among pregnant women, in this study was 4.4% with a sero-conversion rate of 2.3% in previous sero-negative pregnant patients. A repeat counselling and confidential Testing for HIV infection late in pregnancy or in labour may therefore be justified and is recommended.

KEYWORDS: HIV Infection, HIV Sero-Conversion, Pregnancy