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## **Scientists appeal for PrEP for pregnant and breastfeeding women at risk of HIV**

Top medical scientists and epidemiologists are appealing to the national and provincial departments of health to urgently implement pre-exposure prophylaxis (PrEP) for pregnant and breastfeeding women at risk of HIV acquisition, in view of the persistent and unacceptably high rate of maternal HIV infection and transmission in the country.

Writing in the *South African Medical Journal*, they said failure to offer PrEP to HIV-uninfected women who are at risk of HIV acquisition, including those in serodiscordant relationships or with partners of unknown serostatus, undermines the efficacy of all the government's prevention of mother-to-child transmission (PMTCT) efforts.

"It is urgent and overdue to implement PrEP in pregnancy and during breastfeeding. Doing so will align with the national PMTCT policy of 'strengthening antenatal and postnatal care for both HIV-negative and positive mothers.' Failure to do so in the face of proven prevention interventions allows ongoing avoidable HIV infection among women in SA, with the added high risk of transmission to their offspring," they said.

Dr Dvora Joseph Davey, lead author and honorary senior lecturer in the School of Public Health and Family Medicine's Division of Epidemiology and Biostatistics at the University of Cape Town (UCT), said high HIV incidence among young women persists during pregnancy and postpartum, and there is evidence that HIV acquisition risk increases by more than two-fold during pregnancy and the postpartum period.

"Acute maternal HIV infection is associated with increased vertical transmission risk, making prevention of HIV among pregnant and breastfeeding women a national health priority," she said.

According to Davey, SA has the highest number of people living with HIV in the world, with HIV prevalence rates up to 41% in pregnant women.

"SA is committed to achieving the elimination targets in the World Health Organization Last Mile Plan. In January 2015, SA rolled out PMTCT Option B+, which enabled pregnant and breastfeeding women living with HIV to initiate antiretroviral therapy for life, regardless of baseline CD4 count. Now, over six years later, it is critical that we expand the PMTCT guidelines to include not only HIV treatment but primary prevention of HIV in pregnant and breastfeeding women through the use of PrEP," she said.

In the 2019 Antenatal HIV Sentinel Study in SA, the overall prevalence of HIV in first antenatal care (ANC) visit attendees was 30%, ranging from 40.9% in KwaZulu-Natal to 17.9% in Western Cape Province. In a recent analysis of the 2017 sentinel survey of more than 10 000 HIV-infected pregnant women, the annual HIV incidence was 1.5%, based on HIV recency testing.

Said Davey: "The Joint United Nations Programme on HIV and AIDS target to reduce the incidence by 75% by 2020 (which is equivalent to reducing the incidence to less than 1%) has not been met."

Co-author and director of the Desmond Tutu HIV Centre at UCT, Professor Linda-Gail Bekker, said there are around one million live births in SA annually, of which around 70% occur in women not living with HIV.

"Many of these women are at very high risk of HIV acquisition and subsequent vertical transmission," she said. "These women have the right to access PrEP to protect them against HIV during this high-risk period. Currently in SA, around one in three infant infections arise from maternal seroconversion during pregnancy or breastfeeding. SA will continue to struggle to reach the elimination goals unless the government ensures that women at risk can access an effective biomedical prevention option during their pregnancy and breastfeeding journey."

Bekker said demonstration studies from her and Davey's team in SA reported high acceptability and feasibility of integrating PrEP into antenatal and postnatal care.

"A recent study in Cape Town demonstrated that more than 85% of HIV-uninfected women accepted PrEP at their first ANC visit, and more than 70% continued on PrEP at month one, and 60% at month three. Those who were at higher risk, were diagnosed with a sexually transmitted infection, had a partner living with HIV or had more than one sex partners, were more likely to continue on PrEP," she said.

Bekker noted that antenatal care uptake in SA is high, reaching more than 95%, creating a perfect opportunity to offer PrEP to women engaging in these routine services, including priority groups such as adolescent girls and young women and serodiscordant couples. "Expanding PrEP implementation to include pregnant and breastfeeding women will further support SA's efforts to reach its ambitious PrEP uptake goals," she said.

The scientists call on the departments to urgently action the following steps:

- Implement PrEP prescription for pregnant and breastfeeding women
- Allow nurse-initiation and management of ART trained nurses and midwives to prescribe PrEP in ANC and postnatal settings
- Include PrEP as part of the updated PMTCT guidelines for HIV-uninfected women at substantial risk
- Simplify PrEP guidelines to ensure that it is provided on the same day as ANC to at-risk women, along with counselling on how best to ensure adherence to the daily pill.

***ENDS***

***Issued by: UCT Communication and Marketing Department***

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