# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 408**

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**(INTERNAL QUESTION PAPER NO. 02)**

**Ms M D Hlengwa (IFP) to ask** **the Minister of Health:**

What (a) is the rate of HIV/Aids transmission from mother to child that his department recorded in the past year, (b) has his department identified to be the most contributing factor to this rate and (c) measures has he implemented to ensure that this does not persist?

###### NW414E

**REPLY:**

(a) Data from the District Health Information System (DHIS) indicate that in the calendar year 2020, infant PCR test positivity rate is 0.51% at birth, 0.69% around 10 weeks and 0.23% at 18 months;

(b) Mother-to-child-transmission of HIV remains multi-factorial and thus interventions are developed at each possible point of infection. It could be (1) high viral load due to new infection during prenatal and post-natal period or pregnant women not virally suppressed, (2) pregnant women who are not aware of their HIV status, (3) women who develop drug resistance/ or treatment failure;

(c) The PMTCT guideline was revised in 2019 to address the mother to child transmission of HIV by introducing the following interventions:

* HIV negative pregnant women are retested for HIV at every basic antenatal care visit and at labour and delivery, and those who test HIV positive are initiated on ART immediately;
* Maternal viral load monitoring for pregnant HIV positive women done at ANC, at the time of delivery and another viral load monitoring at 6 months post-delivery to identify mothers who are at higher risk of transmitting HIV to their infants/babies;
* Enhanced infant prophylaxis where HIV exposed infants whose mothers has high viral load or the viral load is unknown receive HIV prophylaxis until their mothers are virally suppressed thus reducing the risk of transmission.

END.