

Oral presentation

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## Is marital status and information of the father associated with access to prevention of mother-to-child HIV transmission?

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### Background

A previous survey conducted between 1997 and 2004 in the CO1-ANRS French Perinatal Cohort (EPF) showed that geographical origin of the mothers was associated with late diagnosis of HIV during pregnancy. We did not take into account marital status and socio-economical characteristics of both mothers and fathers in that survey. Such data are available since 2005 in EPF.

### Objective

We aimed to describe socio-economical and marital status of HIV-infected pregnant women, and information of the father about his and her virological status. We also studied whether such factors were associated with late diagnosis (at third gestational trimester), late treatment (initiation of antiretroviral therapy after 31 gestational weeks) and/or detectable viral load ( $\geq 50$  cp/mL) at delivery.

### Methods

All HIV-infected pregnant women, enrolled in 2005 and 2006 in EPF were eligible for this analysis.

### Results

Among the 1423 mothers included, 75% originated from sub-Saharan African countries, 36% were unemployed, 37% lived alone. In 5% of cases, the father was unknown. Among the others, 64% came from sub-Saharan African countries and 15% were unemployed. In 18% of cases, physicians did not have information about the virological status of the fathers. For the others, they reported that 15% were not tested, 28% were infected by HIV and 57% were non infected. For one fifth of the pregnant women, the father was not informed about the HIV-infection of the mother. Geographical origin remained associated with diagnosis during pregnancy however the difference was smaller than previously. Compared with women living in couple, women living alone had more often late diagnosis during pregnancy (3.7% vs 1.6%;  $p = 0.03$ ), late treatment (8.9 vs 5.8;  $p = 0.04$ ) and detectable viral load at delivery (37.2% vs 32.4%;  $p = 0.07$ ). Late diagnosis, late treatment and detectable viral load at delivery were also more frequent when the father was not tested for HIV (compared with both infected and non infected fathers), and when the father was not informed of the HIV-infection of the woman.

## Conclusion

These preliminary results suggest that marital situation of the pregnant women and knowledge of the fathers concerning his and her HIV status are associated with optimal strategies for prevention of mother-to-child transmission of HIV.

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