

EDITORIAL

**Is it time for "Universal Screening" of HIV Infection
in Pregnant Women?**

Yudianto B Saroyo

One of the goals from Sustainable Development Goals (SDGs) by WHO is to decrease maternal and neonatal morbidity.¹ A significant part of these morbidities are attributed by Human Immunodeficiency Virus (HIV) infection in the pregnant women.¹ Our effort in controlling maternal to child transmission of HIV infection has been relatively effective with a significant decrease of transmission from 12 % in 1999 to approximately 2% in 2007.² The success has been mostly due to the use of highly effective anti-retroviral (ARV) therapy, primary pre-labor cesarean section, prophylaxis ARV for neonate, and avoidance of breastfeeding.¹⁻³

Recent studies in the field has also improved our management to prevent maternal to child HIV transmission such as, better safety profile of ARVs that are now encouraged to be given in "ALL" HIV infected pregnancies as early as possible, even in the first trimester.^{3,4} Improvement can also be seen in the management of specific resource settings, such as planned vaginal delivery in patients with undetectable viral load;⁵ as well as, selective breastfeeding in these patients.⁵

Despite significant advances in prevention maternal to child HIV transmission, the problem remains elusive to eradicate. Screening of HIV infection in high risk population by voluntary counseling and testing (VCT) has helped a little difference. As recent studies showed that most HIV infections are found not only in high risk populations, but also in low risk individuals (ex. house wives) with high risk partners.⁶

How can we eradicate HIV transmission to the next generation? The best answer is whether we cannot find these infections anymore. The need for us to eradicate or to bring nil vertical transmission proposes a more effective approach in HIV screening on pregnant women. Universal screening may help in early detection and prompt ARV treatment of HIV infected pregnant women.⁷ The Jakarta municipal government health services have proven that universal screening of HIV in pregnant women is feasible.⁸ If we are truly committed to eradicate maternal to child HIV transmission, we may have to consider engagement of a nationwide program for a universal screening system of HIV in all pregnant women. At least in practice, we offer 80% of all pregnant women to be checked.

References

1. Implications of The SDGs for Health Monitoring - A challenge and Opportunity for All Countries. WHO. 2016: 4-6
2. Management of HIV in Pregnancy Second Edition. Royal Coll Obstet Gynaecol. 2010: 1-28
3. Antiretroviral Drugs for Treating Pregnant Women Preventing HIV Infection in Infants. HIV/AIDS Report, WHO. 2010: 20-34
4. Baggaley Rachel. The Strategic Use of Antiretrovirals to Prevent HIV Infection: A Converging Agenda. Department of HIV/AIDS WHO. 2015; 60: 159-60
5. Monitoring and Evaluation Framework for Antiretroviral Treatment for Pregnant and Breastfeeding Women Living With HIV and their Infants. HIV/AIDS Report, WHO. 2015: 7-59
6. HIV Self-Testing and Partner Notification. HIV/AIDS Guideline, WHO. 2016: 9-38
7. Ishikawa Naoko. Should HIV testing for all pregnant women continue? Cost-effectiveness of universal antenatal testing compared to focused approaches across high to very low HIV prevalence settings. Journal of the International AIDS Society. 2016; 19: 211-12
8. Situasi dan Analisis HIV AIDS. Pusat Data dan Informasi Kementerian Kesehatan RI. 2014: 1-8