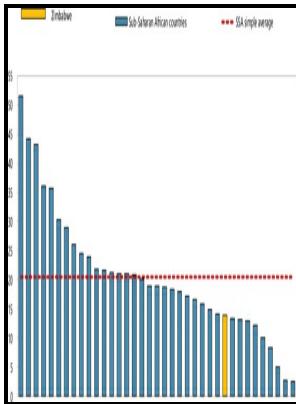


# [Zimbabwe--Reprints pamphlets].

## -- Serum Level of Maternal Human Immunodeficiency Virus (HIV) RNA, Infant Mortality, and Vertical Transmission of HIV in Zimbabwe

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#Human #Immunodeficiency #Virus #(HIV) #RNA, #Infant #Mortality, #and #Vertical #Transmission #of #HIV #in #Zimbabwe

### Serum Level of Maternal Human Immunodeficiency Virus (HIV) RNA, Infant Mortality, and Vertical Transmission of HIV in Zimbabwe

The 121 women with CD4 + results were among the 251 seropositive women for whom predelivery serum samples were available. The GM level of HIV RNA among women whose children died with evidence of HIV transmission was 4.

### Serum Level of Maternal Human Immunodeficiency Virus (HIV) RNA, Infant Mortality, and Vertical Transmission of HIV in Zimbabwe

ORs for transmission were significantly greater among the women with higher serum loads of HIV RNA. Heel-prick blood samples were obtained from neonates within 1 day of birth and at 2, 4, 6, and 14 weeks; thereafter, they were obtained at 12-week intervals at regular clinic visits. Further studies, including measurement of maternal HIV RNA in response to antiretroviral drugs, may provide more direct information on the role of maternal viremia in mother-to-child transmission of HIV and direct effective treatment of HIV-positive pregnant women and their infants.

### Serum Level of Maternal Human Immunodeficiency Virus (HIV) RNA, Infant Mortality, and Vertical Transmission of HIV in Zimbabwe

The significance of maternal virus load and the optimal use and timing of antiretroviral drugs to reduce transmission of HIV from women to their infants have not been clearly defined.

### Serum Level of Maternal Human Immunodeficiency Virus (HIV) RNA, Infant Mortality, and Vertical Transmission of HIV in Zimbabwe

Logistic regression models, using mortality or transmission as an outcome, were used to examine CD4 + cell counts above and below the median value.

## **Serum Level of Maternal Human Immunodeficiency Virus (HIV) RNA, Infant Mortality, and Vertical Transmission of HIV in Zimbabwe**

In sub-Saharan Africa, non-subtype B viruses, particularly subtypes A, C, and D, account for the majority of HIV-1 infections. The model for mortality demonstrated an OR of 3.

## **Serum Level of Maternal Human Immunodeficiency Virus (HIV) RNA, Infant Mortality, and Vertical Transmission of HIV in Zimbabwe**

Results Mortality and transmission rates Among the 251 children born to HIV-seropositive mothers, there was an infant mortality rate of 19% 47 deaths and a mother-to-child transmission rate of 17% 35 of the surviving 204 infants were HIV seropositive after 15 months of age. When mortality was used as an outcome, only lower CD4 + cell counts were significantly associated with infant mortality OR, 11; 95% CI, 1. In this study, risk factors for mother-to-child transmission of HIV and infant mortality in a cohort of mothers and infants in Zimbabwe, before the introduction of antiretroviral drugs, were studied to determine the impact of maternal HIV RNA load and postpartum CD4 + cell count on mother-to-child transmission of HIV and on child survival.

## **Serum Level of Maternal Human Immunodeficiency Virus (HIV) RNA, Infant Mortality, and Vertical Transmission of HIV in Zimbabwe**

Among the 204 seropositive women whose children were alive 2 years after birth, 35 17% were transmitters and 169 83% were nontransmitters. In both settings, risk of transmission was increased among women with higher virus loads.

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