



health

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Dear Dr Zungu

CHANGES IN REGIME FOR HIV POSITIVE PREGNANT WOMEN AND NOTE ON THOSE WITH A PSYCHIATRIC ILLNESS, 19 MARCH 2012

BACKGROUND

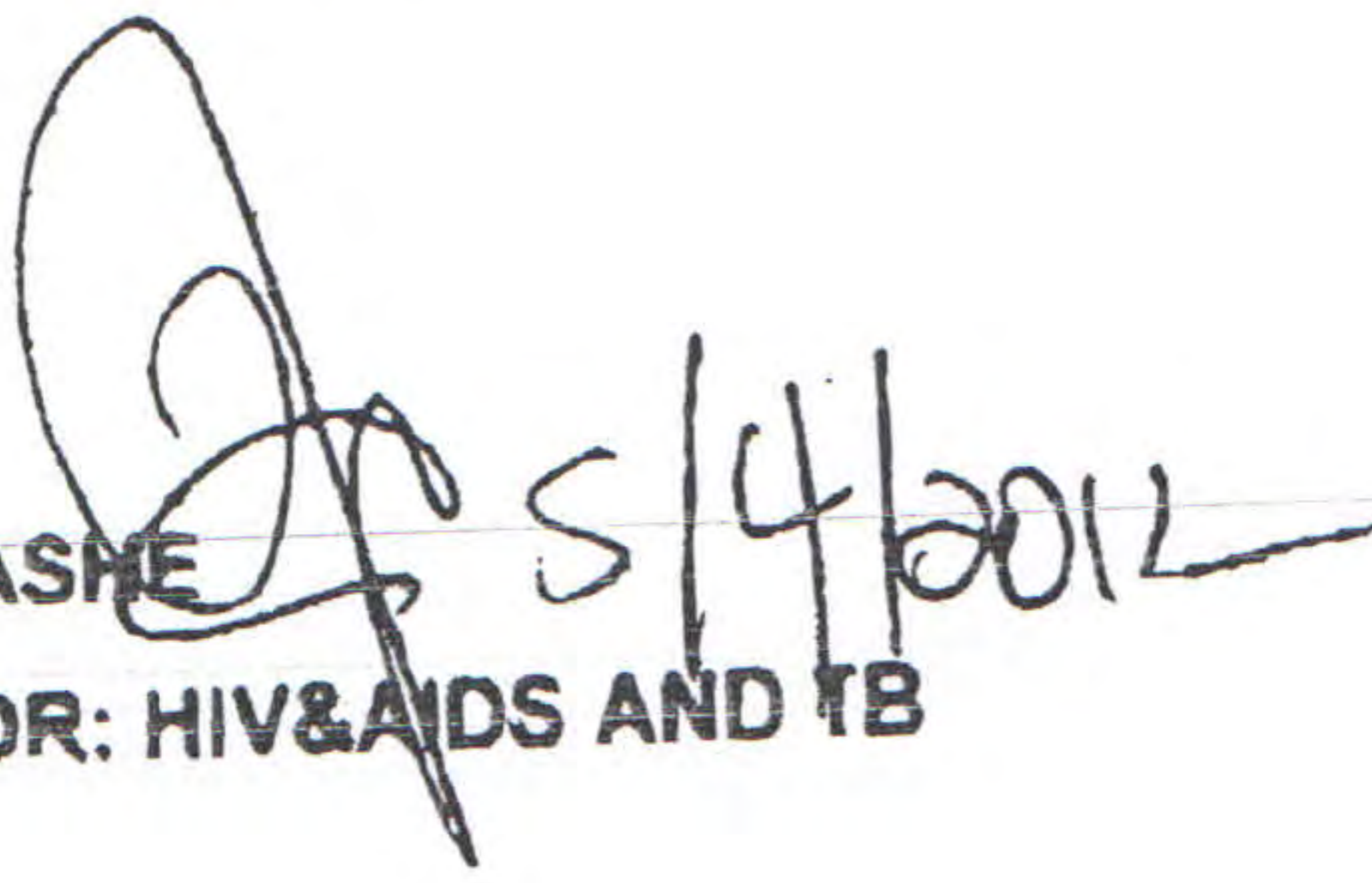
Reports from provinces as well as the National Confidential Enquires into Maternal Mortality, a Ministerial Committee, suggest that the use of nevirapine (NVP) in pregnant HIV positive women is associated in increased mortality rates. On the basis of this information the National Department of Health convened an expert group of clinicians to advice on the continued use of NVP in pregnant HIV positive women. This meeting recommended that NVP not be used and that efavirenz (EFV) be used instead. This recommendation was discussed with the Essential Drug List Committee who concurred with this recommendation. It should be noted that NVP is still safe for use as part of the PMTCT regime.

The following changes in the use of NVP are recommended and will be included in the revised ARV guidelines later this year, and should be implemented with immediate effect.

- When initiating non pregnant HIV positive women, who are in the reproductive age, on HAART use EFV.
- Delay initiation of treatment until the second trimester in women who present during the first trimester who need HAART treatment for their own health.
- When initiating treatment in HIV positive pregnant women use EFV if the women present during the second trimester.
- Single dose NVP for women in labour, as part of PMTCT, must still be used for those not on HAART.
- For HIV positive pregnant women already on EFV as part of a HAART regimen, continue on EFV.
- If the woman has a history of psychiatric illness, discuss appropriate ARV regimens with experts in psychiatry and HIV medicine before initiating HAART, as EFV may be contra-indicated.

Report all serious adverse drug reactions.

Kind Regards


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CHIEF DIRECTOR: HIV&AIDS AND TB
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