HIV and Infant Feeding

Update

based on the Technical Consultation

held on behalf of the Inter-agency Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers and their Infants

Geneva, 25–27 October 2006

World Health Organization

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The purpose of this document is to provide the full list of updated recommendations and an explanation of key points.

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Introduction

Researchers, programme implementers, infant feeding experts and representatives of the Inter-agency Task Team (IATT) on Prevention of HIV Infection in Pregnant Women, Mothers and their Infants[1], United Nations agencies, the WHO Regional Office for Africa and six WHO headquarters departments[2] gathered in Geneva from 25–27 October 2006 in order to review the substantial body of new evidence and experience regarding HIV and infant feeding that had been accumulating since a previous technical consultation in October 2000[3], and since the Glion[4] and Abuja[5] calls to action on the prevention of mother-to-child transmission of HIV. The aim was to establish whether it was possible to clarify and refine the existing United Nations guidance[6], which was based on the recommendations from the previous meeting.

After three days of technical and programmatic presentations and intensive discussion, the group endorsed the general principles underpinning the October 2000 recommendations and, based on the new evidence and experience presented, reached consensus regarding a range of issues and their implications. A statement available at http://www.who.int/child-adolescent-health/New_Publications/NUTRITION/consensus_statement.pdf presents the consensus achieved at the end of the meeting, and a full report of the meeting is available at http://www.who.int/child-adolescent-health/NUTRITION/HIV_infant.htm.

The purpose of this document is to provide the full list of updated recommendations and an explanation of key points. This information is aimed at programme managers and decision-makers, and those who will be in charge of revising national guidelines on prevention of mother-to-child HIV transmission and infant and young child feeding.

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1 Academy for Educational Development, Catholic Medical Mission Board, Columbia University, Elizabeth Glaser Pediatric AIDS Foundation, UNAIDS, UNFPA, UNICEF, US Agency for International Development and the US Centers for Disease Control and Prevention.

2 Child and Adolescent Health and Development, Nutrition for Health and Development, HIV/AIDS, Reproductive Health Research, Making Pregnancy Safer and Food Safety, Zoonoses and Foodborne Diseases.

3 WHO. New data on the prevention of mother-to-child transmission of HIV and their policy implications. Conclusions and recommendations. WHO technical consultation on behalf of the UNFPA/UNICEF/WHO/UNAIDS Inter-agency Task Team on mother-to-child transmission of HIV. Geneva, 11-13 October 2000. Geneva, WHO, 2001, WHO/RHR/01.28.

4 UNFPA and WHO. The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children, 3-5 May 2004.

5 Call to Action: Towards an HIV-free and AIDS-free Generation. Prevention of mother-to-child transmission. High-level global partners forum, Abuja, Nigeria, December 3, 2005.

6 For current guidance, please see documents and tools at *http://www.who.int/child-adolescent-health/NUTRITION/HIV_infant.htm*; and Guidelines for the Safe Preparation, Storage and Handling of Powdered Infant Formula at *http://www.who.int/foodsafety/publications/micro/pif_guidelines.pdf*.

Updated recommendations

The October 2006 technical consultation generally endorsed the recommendations from the October 2000 technical consultation, but clarified and updated some of them, and identified a few as no longer relevant. The full list of current recommendations on HIV and infant feeding, including the new ones and those remaining valid from 2000, is in Annex 1.

Technical background to recommendations

A draft update of HIV transmission through breastfeeding: A review of available evidence was presented at the October 2006 consultation, and the final version is now available at http://www.who.int/child-adolescent-health/NUTRITION/HIV_infant.htm.

A summary of the key data considered in updating the recommendations, taken from the Consensus Statement, is in Annex 2.

Clarifications of key points

Risk of transmission

The general range of HIV transmission through breastfeeding of any kind without any interventions is 5-20% (WHO et al., 2004). However, many health workers, even those with relevant training, over-estimate the risk of transmission (Chopra and Rollins, 2007). Figures lower than this range have been reported:

- Exclusive breastfeeding from about six weeks to six months was found to carry a risk of about 4% in South Africa (Coovadia et al., 2007). In Zimbabwe, the HIV transmission rate between six weeks and six months among infants exclusively breastfed for at least three months was about 1.3% (Iliff et al., 2005). The reason the period measured starts from about six weeks and not birth is because this is the time at which it is usually possible to differentiate HIV transmission during delivery from transmission during breastfeeding.
- Since breastfeeding as commonly practised carries a risk of transmission of between 0.8 and 1.2 per child-month (BHITS, 2004), breastfeeding for a shorter period than usual reduces the cumulative risk.
- Women who need anti retrovirals (ARVs) for their own health should receive them. These women are most likely to transmit HIV through breastfeeding

because of high viral load or low CD4+ count. Comparative studies in women who do not yet require treatment on the safety and efficacy of ARVs taken during breastfeeding to reduce transmission are ongoing. There is increasing evidence from observational studies presented as abstracts (Arendt et al., 2007; Kilewo et al., 2007) that such women are likely to have a low risk of transmission.

- Prevention of HIV infection of the mother during the breastfeeding period, and prevention and prompt treatment of mastitis and other breast problems, also lower the risk of transmission.

Exclusive breastfeeding

At the time of the October 2000 technical consultation, the main reason for recommending exclusive breastfeeding for HIV-infected women who choose to breastfeed was the many well-documented benefits of exclusive over predominant[1] or partial[2] breastfeeding on infant health. The consultation was also aware of the possible benefits of exclusive breastfeeding in relation to HIV transmission suggested by the work of Coutsoudis and colleagues (1999). Since then, other studies have shown that exclusive breastfeeding carries a lower risk of HIV transmission than mixed breastfeeding (Iliff et al., 2005; Coovadia et al., 2007), and these findings support the earlier recommendation.

Health workers should be reminded that exclusive breastfeeding for the first six months is the gold standard for babies.

Mixed feeding

As explained above, mixed feeding carries a higher risk of HIV transmission than