

## The Best Practices in PMTCT Program Facilitated Stabilization of Epidemic in Tamil Nadu, India

Kuganantham<sup>1\*</sup>, Hamsadvani Anand<sup>2</sup>

<sup>1</sup>*Department of Public Health, Chennai Corporation, India*

<sup>2</sup>*London School of Hygiene and Tropical Medicine, UK*

\* **Corresponding author:** Kuganantham, Department of Public Health, Chennai Corporation, India, Tel: + 919677763627; +914425505060; E-mail: drkugan@yahoo.com

### **Commentary**

The National program of Mother to Child Transmission of HIV in India was started in 2001 in the state of Tamil Nadu. The prevalence of HIV among the pregnant mothers was 1.5% in the year 2001 in Tamil Nadu. The program was started initially among the 10 Medical Colleges and 5 District Hospitals. Further it was expanded to 730 centers which included 150 Govt. Hospitals, 45 private and corporate hospitals. This is a crucial program and an eye opener to understand the gravity of the problem HIV in general population and helped us to develop strategies for intervention. Almost 75% of the ante natal mothers were screened for HIV with counselling and informed consent every year and couple counselling was encouraged in all the health care settings. Among the positives, young woman in the age group of 18 to 25 years were found more in number which proved that marriage is the risk factor for Indian Women. PMTCT program as the entry point helps to trace other positive members in the community. Almost all the Anti natal mothers were given the first information about primary prevention of HIV infection. The walk in ANC women to the labour wards were counselled and tested by the Counselling trained Nurses who accompanied the positive mothers to the labour wards; this had reduced the practice of stigma, discrimination and the judgmental attitude of Obstetricians and their team.

Participation of large number of Non-Governmental Organizations, private sector hospitals, interventions of Target groups, youth outside and inside schools and colleges through Red Ribbon Clubs,

Women Self Help groups, early registry of all positives for monthly follow-up,

timely treatment of OIs, nutritional supplements to the needy, Well baby clinics, husband friendly ANC and labour wards, positive mothers network, Doctors Forum for the PLHIVs, promotion of usage of condoms, treatment of STI, Safe blood transfusions, avoidance of unnecessary injections and procedures, systematic and sustainable intervention among the bridge population, HIV testing and care envisaged in the ANC protocol, strengthening ANC and other hospital services through HIV program, involvement of all the Health Care Providers, above all mainstreaming HIV with line depts. brought down the epidemic from 1.5% to 0.25% and stabilized the epidemic in Tamil Nadu State.

The program was shifted from the project mode to system mode by mainstreaming the program in our State of Tamil Nadu as Integrated Counselling and Testing Center (ICTC) bringing all the other HIV prevention services i.e. VCTC, STI, BLOOD BANK, ANC CLINICs etc. under one roof at the vicinity of outpatient services with OPT IN or OPT OUT concept.

## **Biography**

Dr. P. Kuganatham was serving as City Health Officer, Chennai. He is the recipient of “Life Time Achievement Award” from the Dr. MGR Medical University Graduated MBBS from Stanley Medical College, DPH Madras Medical College, DTM and H-London School of Hygiene & Tropical Medicine,

MPH and WHO fellowship-epidemiology, infectious diseases, AIDS-Johns Hopkins, USA. He served as Director, Communicable Diseases Hospital, Chennai, Project Director, Public Health Foundation of India, CDC Consultant, TN, Program Officer, PPTCT and Consultant UNICEF, Chennai, Associate Professor, Infectious Diseases for the Medical Colleges under University of Madras, Team Leader, Gujarat Earth Quake Medical Relief Team, Member, Steering Committee, AIDS CELL, Tamil Nadu, Identified the new strain of Vibrio Cholera i.e., Vibrio Cholera Non 01,0139 for the first time and named it as MADRAS STRAIN.