

**KURSUS PENGURUSAN KES
PENCEGAHAN JANGKITAN DARI IBU KEPADA ANAK
BAGI HIV DAN SIFILIS
PERINGKAT NEGERI JOHOR 2023
SECARA ATAS TALIAN**



KEHADIRAN

Tarikh : 28 Mac 2023
Masa: 8.30 pagi – 5.00 petang

ANJURAN;
UNIT HIV/ STI/ HEPATITIS C
BAHAGIAN KESIHATAN AWAM,
JABATAN KESIHATAN NEGERI JOHOR



OBJEKTIF

Meningkatkan kefahaman pegawai yang terlibat secara langsung tentang pengurusan kes PMTCT untuk HIV dan sifilis terutamanya memantapkan cara pengurusan dan merekod reten dan dokumen yang berkaitan serta memahami indikator yang akan dinilai untuk mencapai eliminasi transmisi HIV dan sifilis ibu ke anak.





Masa	Topik	Penceramah
8.30 pg – 9.00 pg	Pendaftaran	Urusetia
9.00 pg - 9.30 pg	Pengenalan PMTCT HIV dan Sifilis	Dr Nurmawati Ahmad Ketua Penolong Pengarah Kanan, Unit HIV/STI/Hepatitis C, Bahagian Kesihatan Awam, JKNJ
9.30 pg – 10.15 pg	Management of HIV in Pregnancy	Dr Ab Rahim bin Abd Ghani Ketua Perkhidmatan O&G Johor Hospital Pakar Sultanah Fatimah Muar
10.15 pg – 11.00 pg	Management of HIV in Paediatrik	Dr Yeo Lei Choo Pakar Perubatan Paediatrik Hospital Sultan Ismail
11.00 pg – 11.45 pg	Management of Syphilis in Pregnancy	Dr Latha R Selvarajah Ketua Jabatan Dermatologi Hospital Sultan Ismail, Johor Bahru
11.45 pg – 12.15 pg	Management of Syphilis in Paediatric	Dr Chia Ler Ser Pakar Perubatan Paeditrik (Neonatologist) Hospital Sultan Ismail
12.15 pg – 1.00 tgh	Laboratory approach in PMTCT HIV and Syphilis	Dr Sharlini Devi Guna Segaran Pakar Perubatan (Pra- Warta) Unit Mikrobiologi, Jabatan Patologi, Hospital Sultanah Aminah Johor Bahru
1.00 ptg – 2.00 ptg	Makan tengah hari & solat	Urusetia
2.00 ptg – 3.00 ptg	Audit Checklist in PMTCT	Dr Nurmawati Ahmad Ketua Penolong Pengarah Kanan, Unit HIV/STI/Hepatitis C, Bahagian Kesihatan Awam, JKNJ
3.00 ptg – 3.45 ptg	Hands On – POCT RTK HIV and Syphilis	Mediven
3.45 ptg	Q&A /Closing	

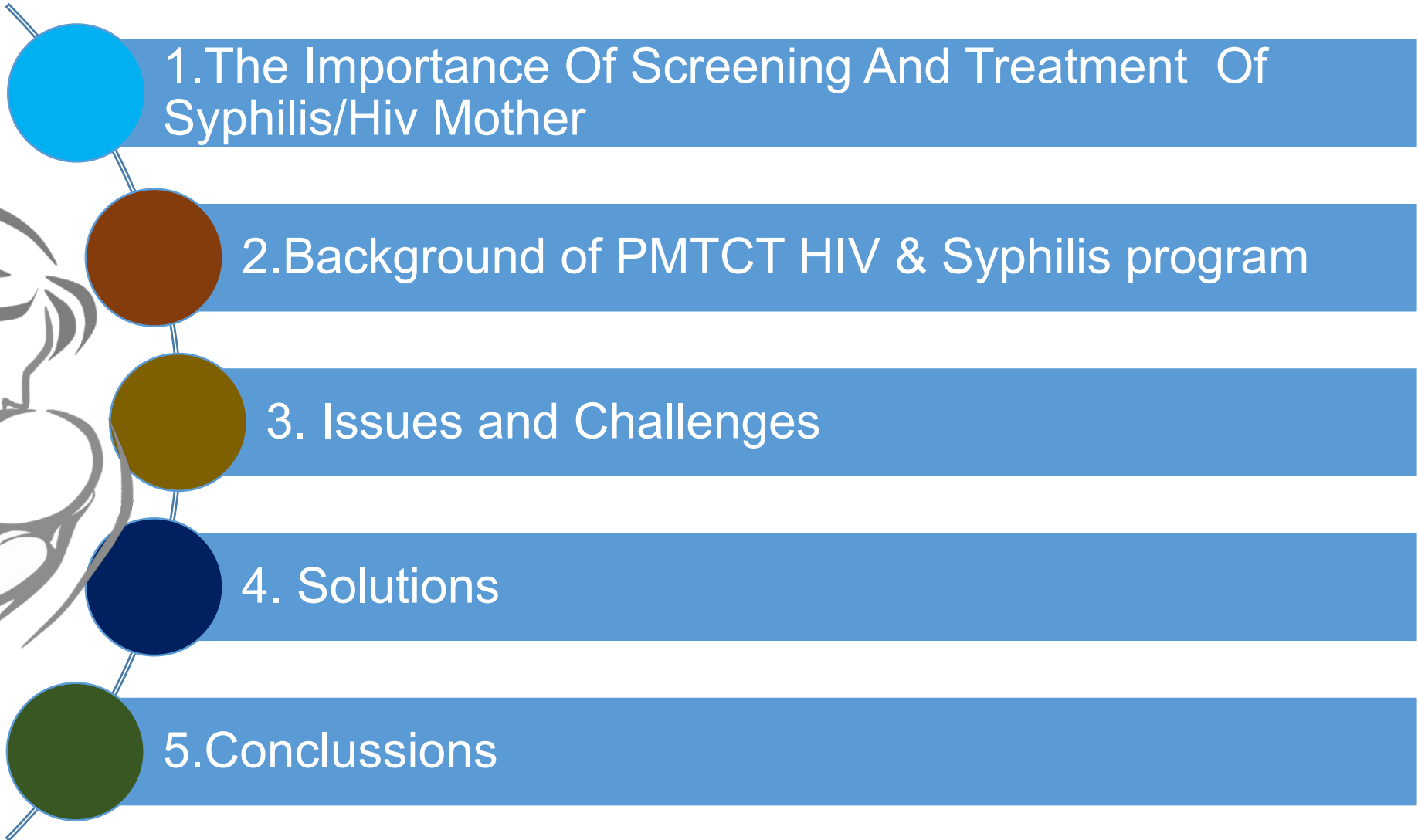


PROGRAM OF PREVENTION MOTHER TO CHILD TRANSMISSION FOR HIV AND SYPHILIS

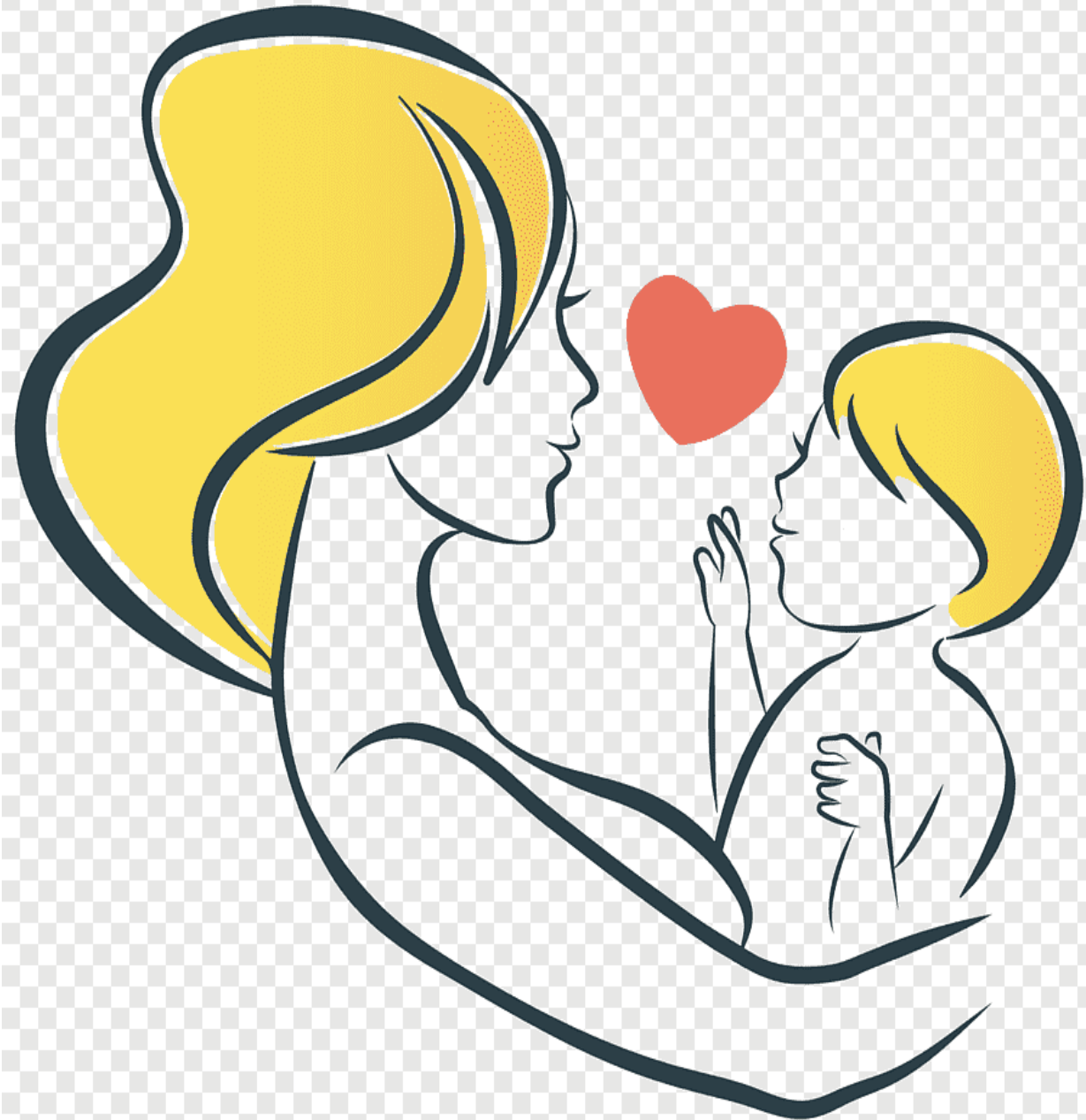
Dr. Nurmawati Binti Ahmad
Ketua Penolong Pengarah Kanan,
Unit HIV/STI/Hepatitis C
Bahagian Kesihatan Awam,
Jabatan Kesihatan Negeri Johor



CONTENT



**1. THE
IMPORTANCE OF
SCREENING AND
TREATMENT
OF SYPHILIS/HIV
MOTHER**



Risk of Mother-to-Child Transmission (MTCT) of HIV “without intervention”

100 infants born to HIV+ women who breastfeed, without any interventions

Critical time

During pregnancy

5-10%
infants
infected

During labor and delivery

10-20%
infants
infected

During breast-feeding

5-15%
infants
infected

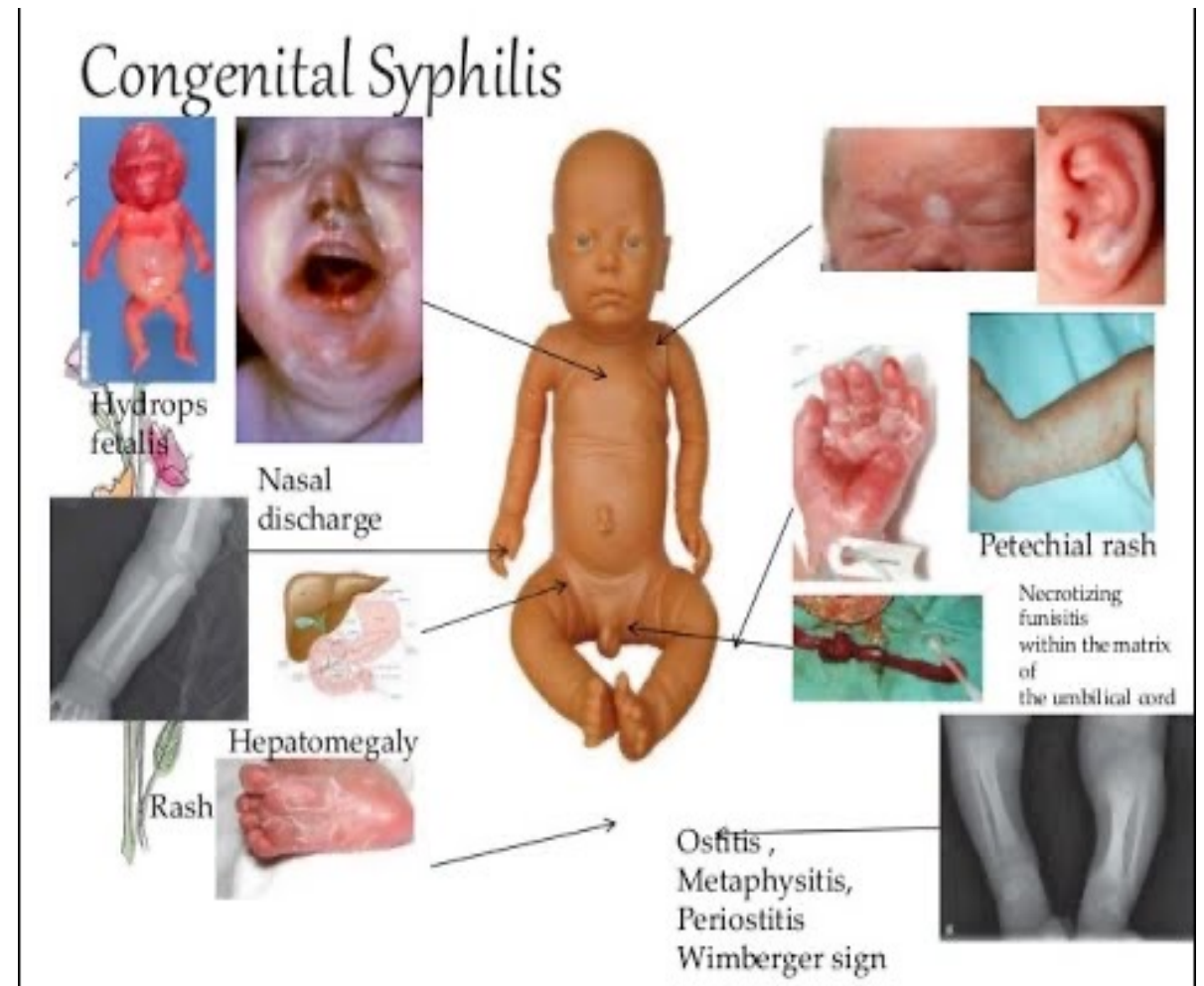
15-45% infants will be infected



PUBLIC HEALTH BURDEN : MTCT OF SYPHILIS

Relatively simple to eliminate but despite treatments

Screening all pregnant women, using simple and low-cost technologies, and effective treatment with penicillin, is feasible, even in low-resource settings,



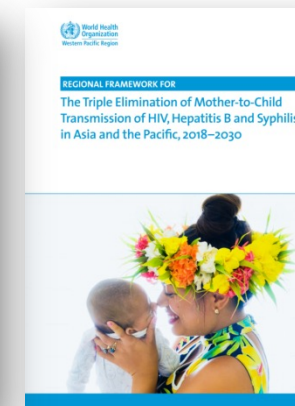
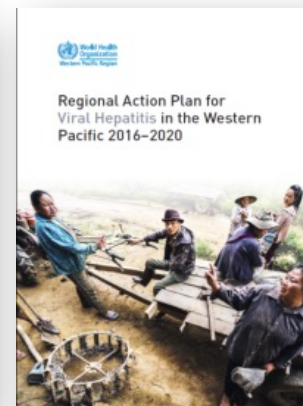
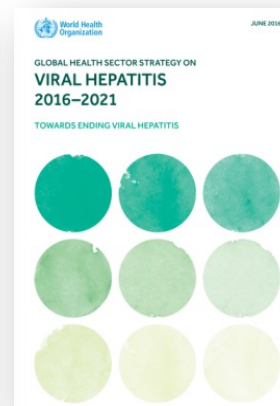
4 to 6-fold increased of combined adverse outcomes including spontaneous abortion, stillbirth, fetal death, preterm birth, low birth weight, neonatal death, and congenital syphilis due to untreated syphilis (Gomez and others, 2013)

2. Background of PMTCT HIV & Syphilis Program



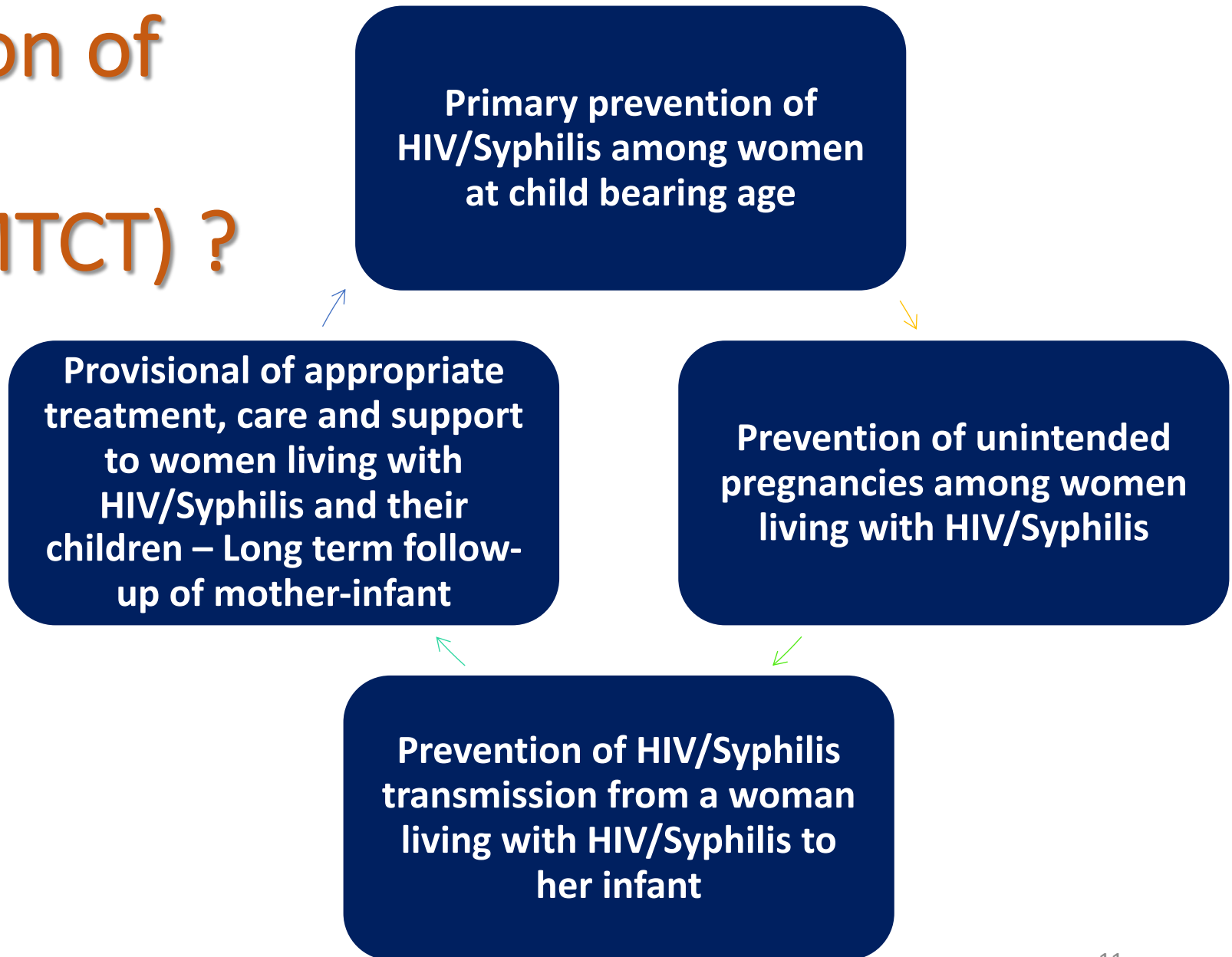
Multiple Global and Regional Strategies are calling for EMTCT of HIV, Syphilis and Hepatitis B

- Zero new HIV infections among infants by 2020
- ≤ 50 cases congenital syphilis per 100,000 LB in 80% of countries by 2030
- 0.1% prevalence of HBsAg among children by 2030



What is Prevention of Mother-to-Child Transmission (PMTCT) ?

There are 4 components endorsed by WHO and UNICEF:





SUSTAINABLE DEVELOPMENT GOALS

17 GOALS TO TRANSFORM OUR WORLD

1 NO POVERTY

2 ZERO HUNGER

3 GOOD HEALTH AND WELL-BEING

4 QUALITY EDUCATION

5 GENDER EQUALITY

6 CLEAN WATER AND SANITATION

7 AFFORDABLE AND CLEAN ENERGY

8 DECENT WORK AND ECONOMIC GROWTH

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE

10 REDUCED INEQUALITIES

11 SUSTAINABLE CITIES AND COMMUNITIES

12 RESPONSIBLE CONSUMPTION AND PRODUCTION

13 CLIMATE ACTION

14 LIFE BELOW WATER

15 LIFE ON LAND

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

17 PARTNERSHIPS FOR THE GOALS

SUSTAINABLE DEVELOPMENT GOALS

**MALAYSIA –
Realizing SDGs through ending AIDS**

VISI

Sifar HIV Baru, Sifar Diskriminasi, Sifar Kematian AIDS

MISI

Eliminasi HIV/AIDS pada tahun 2030

95%



mengetahui
status HIV

of which

95%



Diberi rawatan
ARV

of which

95%



Aras Virus Tidak
Dikesan



National Strategic Plan on Ending AIDS (NSPEA) 2016-2030

Strategy 1

- Testing and Treatment to end AIDS

Strategy 2

- Improving quality and coverage of prevention programmes among key populations
 - Prevention of HIV transmission among PWID
 - Prevention of sexual transmission
 - EMTCT
 - Prevention of HIV among young key populations

Strategy 3

- Reduction of stigma and discrimination

Strategy 4

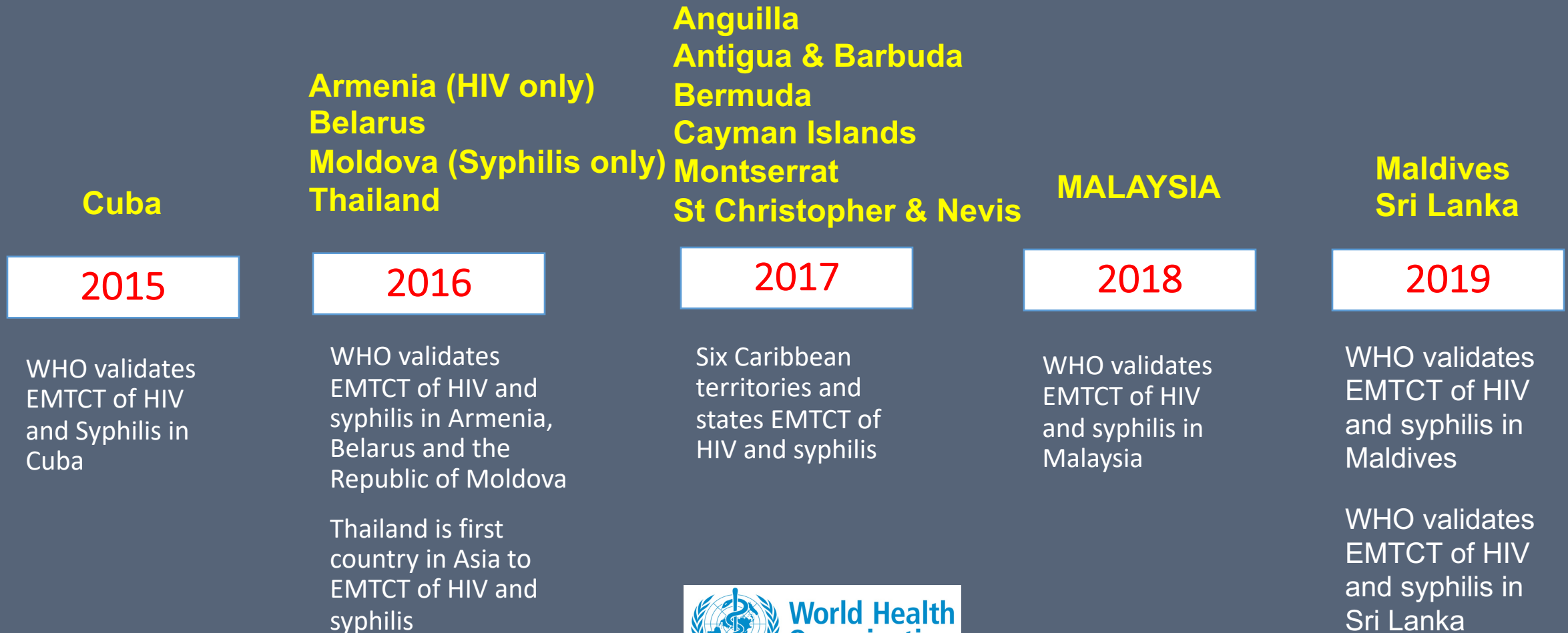
- Ensuring quality strategic information and its use by policy makers and planners through monitoring, evaluation and research

(2.3 NSPEA) Prevention transmission through EMTCT

- Maintain the provision of **quality, comprehensive national PMTCT services**
- Ensure all HIV-infected pregnant women and their HIV-exposed infants under the PMTCT programme **receive ARV treatment, prophylaxis and breastfeeding education** to reduce mother-to-child transmission of HIV.
- Ensure the **availability of PMTCT** in all ANC facilities including private health care facilities



Countries received WHO validation for the EMTCT of HIV and/or Syphilis



Factors contribute to Malaysia Success

On 8 October 2018, Malaysia was officially presented with the validation certificate for the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis, **becoming the first country in the World Health Organization (WHO) Western Pacific Region certified for elimination**

This success was possible because of a combination of factors such as :

- ✓ High-level political commitment,
- ✓ Strong Maternal-Child-Health systems capacity
- ✓ Early diagnosis,
- ✓ Availability and accessibility of treatment for HIV and syphilis.



The screenshot shows the WHO website's 'Sexual and reproductive health' section. The main article is titled 'Malaysia eliminates mother-to-child transmission of HIV and syphilis'. It is a joint news release from WHO WPRO, UNICEF EAPRO, UNAIDS AP, and MoH Malaysia. The article, dated 8 October 2018 from Manila, Philippines, states that Malaysia became the first country in the WHO Western Pacific Region to be certified for having eliminated mother-to-child transmission of HIV and syphilis. It mentions that WHO Director-General Dr Tedros Adhanom Ghebreyesus and Dr Shin presented Malaysia's Minister of Health, Dr Dzulkefly Ahmad, with a certificate of elimination during the session of the WHO Regional Committee for the Western Pacific, which opened today in Manila, Philippines. A sub-headline reads 'Malaysia's two-decade-long effort pays off'. An image shows a woman in a purple hijab holding a baby. The caption below the image is 'WHO/Yoshi Shimizu'.



3. Issues and Challenges





ISSUES

There has been an increase cases of Congenital Syphilis resulting from 'unscreened' and 'late booker' cases.

Delay TPPA test result , in which blood sample was not taken on the same day after RPR found to be reactive. Thus causing delay in initiating treatment to the antenatal mother.

High -risk mothers who have a 'non -reactive' screening test result during the first ANC, were not screened at 28 to 32 weeks and 36weeks

Mother was treated with non Penicillin-based regimen without any clear indication and did no follow the treatment guideline.

Spouse/ sexual partner of Syphilis positive mother should be screened and given epidemiological treatment.

Mothers whom delivered in government / private maternity hospitals were not followed up by RPR serology test at delivery. Therefore comparison of RPR titer between infant and mother can not be made.





no clinical findings to support the diagnosis. (eg; RPR titer , TPHA, physical examination, X -ray of long bones, analysis of cerebrospinal fluid (CSF) to detect protein cells and CSF VDRL test).

Seropositive infants that have received prophylactic treatment should be monitored every 3 months until the RPR titer drops by '4-fold' and become non-reactive.

If the infant's RPR titer still does not decrease, static or increase after 6 to 12 months, then lumbar puncture should be perform

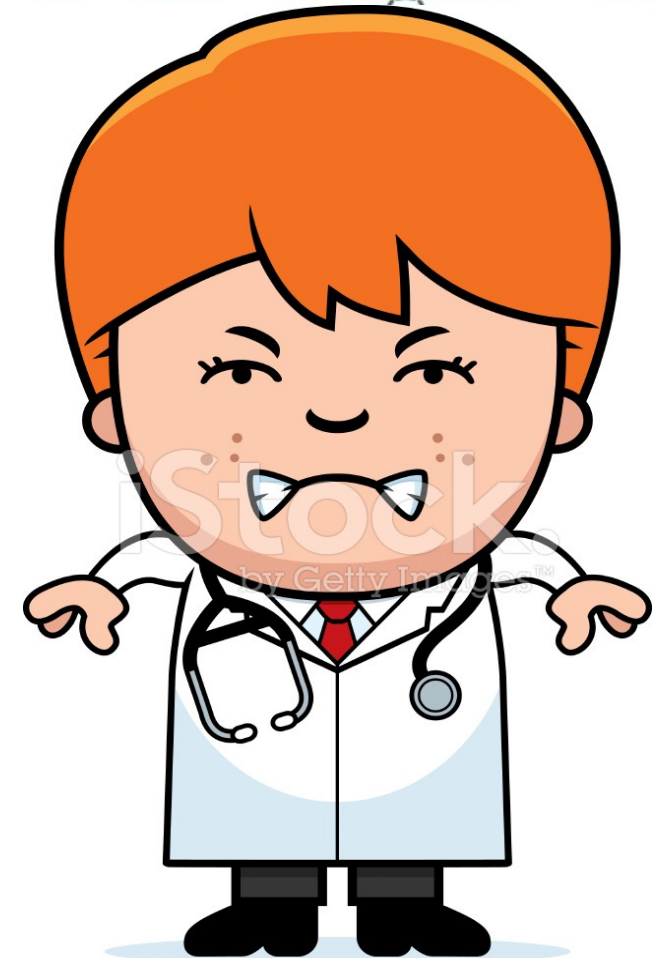
Stigma by health care providers to positive HIV and syphilis mother

No prompt intervention for late booking / unbooked, defaulter

Family planning option-->Claim by WLHIV --->Coerced sterilization

Discrimination in the ward / labour room ---> isolated bed, food served using disposable plate

Setting condition for ART ---> baby must be fed with formula feeding



4. Solutions



GARIS PANDUAN
PENGUKUHAN PROGRAM
PENCEGAHAN JANGKITAN
HIV DAN SIFILIS
DARI IBU-KE-ANAK



KEMENTERIAN KESIHATAN
MALAYSIA



Edisi Kedua
Jun 2021

Disediakan Oleh:
Sektor HIV/STI/Hepatitis C
Bahagian Kawalan Penyakit
Kementerian Kesihatan Malaysia

**GARISPANDUAN PENGUKUHAN
PROGRAM PENCEGAHAN
JANGKITAN HIV DAN SIFILIS DARI
IBU KE ANAK
Jun 2021**

GUIDELINE FOR PMTCT OF HIV AND SYPHILIS 2021

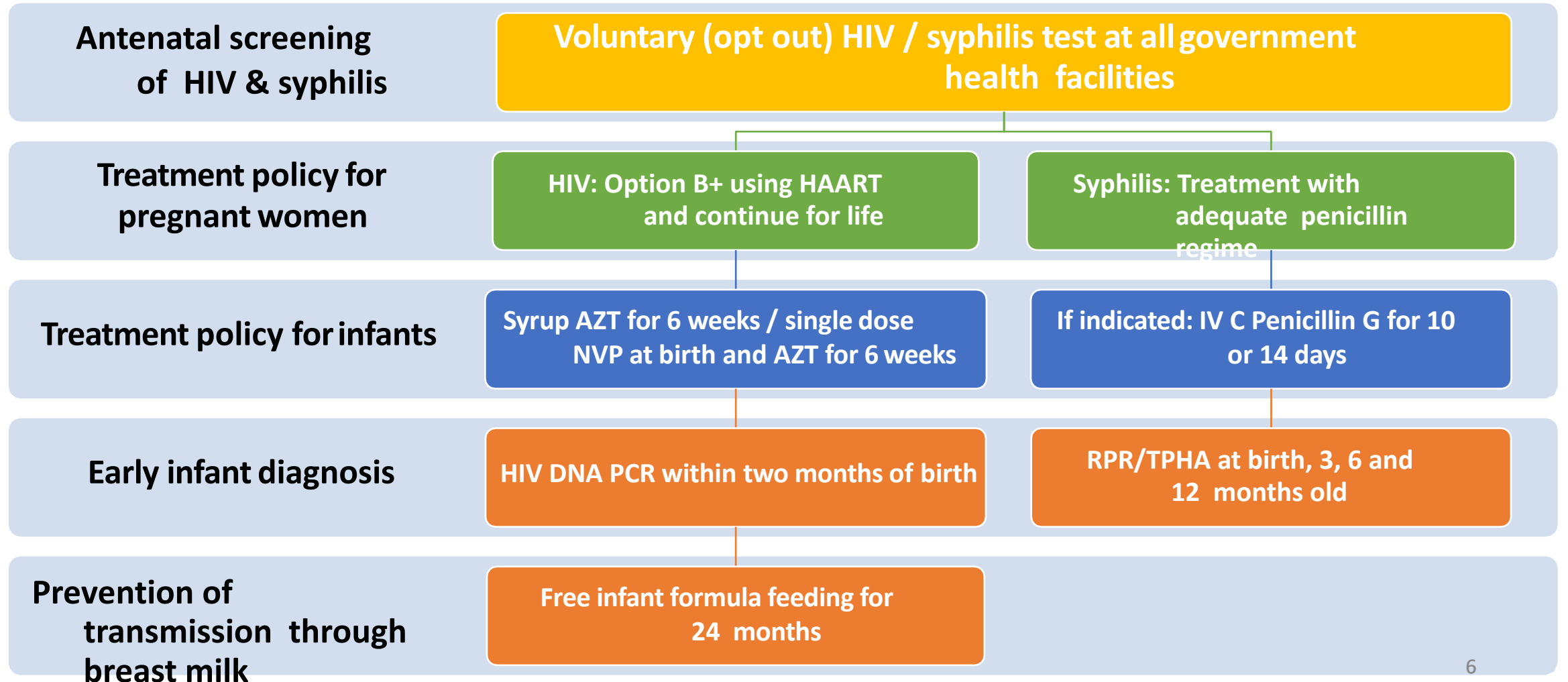


What's new?

(1) Improved and comprehensive service delivery --- antepartum, intrapartum and post-partum. Emphasis on:

- HIV and syphilis screening --- introduction of syphilis Rapid Diagnostic Test (RDT) for syphilis (marginalized group, high-risk behavior, key population, interior)
- Importance of adequate treatment for syphilis
- Continuous health education to mothers --- samples of health education materials for HIV & syphilis provided
- Delivery options --- LSCS vs SVD
- Infant feeding options --- breast milk vs formula milk
- Family planning methods --- planning for safe pregnancy

Current policy of PMTCT of HIV & Syphilis Programme in Malaysia



GUIDELINE FOR PMTCT OF HIV AND SYPHILIS 2021



What's new?

(2) The National Coordinating Committee for EMTCT for Syphilis has revised the case definition for CS following the WHO definition to include both probable and confirmed congenital syphilis as well as syphilitic stillbirth

- The new case definition was added in the new PMTCT of HIV and Syphilis Guidelines 2021.

Probable case

- A condition affecting an infant whose mother had untreated or inadequately treated* syphilis at delivery, regardless of signs in the infant, OR
- An infant or child who has a reactive non-treponemal test for syphilis (Venereal Disease Research Laboratory [VDRL], rapid plasma reagent [RPR], OR equivalent serologic methods) AND any one of the following:
 - Any evidence of congenital syphilis on physical examination
 - Any evidence of congenital syphilis on radiographs of long bones
 - A reactive cerebrospinal fluid (CSF) venereal disease research laboratory test (VDRL) test
 - In a non-traumatic lumbar puncture, an elevated CSF leukocyte (white blood cell, WBC) count or protein (without other cause)
- *Adequate treatment is defined as completion of a penicillin-based regimen, in accordance with Malaysian STI guidelines, appropriate for

stage of infection, initiated 30 or more days before delivery.

Confirmed case congenital syphilis

- A case that is laboratory confirmed.
- Laboratory criteria for diagnosis consist of demonstration of *Treponema pallidum* by:
 - Dark field microscopy of lesions, body fluids, or neonatal nasal discharge, OR
 - Polymerase chain reaction (PCR) or other equivalent direct molecular methods of lesions, neonatal nasal discharge, placenta, umbilical cord, or autopsy material, OR
 - Immunohistochemistry (IHC), or special stains (e.g., silver staining) of specimens from lesions, placenta, umbilical cord, or autopsy material.

Syphilitic stillbirth

- A fetal death that occurs after a 20-week gestation or in which the fetus weighs greater than 500 g and the mother had untreated or inadequately treated* syphilis at delivery.
- *Adequate treatment is defined as completion of a penicillin-based regimen, in accordance with Malaysian STI guidelines, appropriate for stage of infection, initiated 30 or more days before delivery.

GUIDELINE FOR PMTCT OF HIV AND SYPHILIS 2021



What's new?

3) Human Rights:

- Eliminating Stigma and Discrimination (S+D) against WLHIV continuous awareness and education---'fear of infection', infection control guidelines etc.
- Government Health Clinics and Hospital --- adopting Quality Improvement approach in tackling S+D
 - Often advise being mistaken as coerce --- communication skill
 - Forcing or enforce a pregnant WLHIV to follow medical advice in order to benefit her fetus will only cause more harm than good ---> avoiding healthcare totally
 - Every WLHIV has a fundamental right to freedom of choice and control over her own life--- therefore forcing WLHIV to go for sterilization violates this right
 - It is rare for a woman to refuse medical advice that promises to benefit her fetus and poses little risk to her, and it is troubling when it happens. Health education is crucial!

5. Conclusion

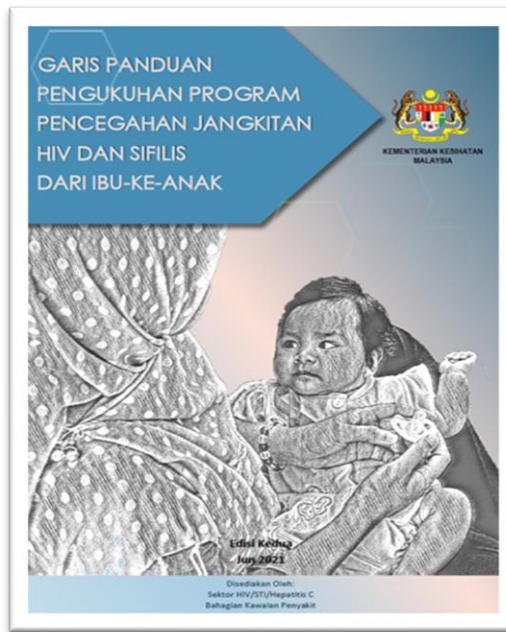


CONCLUSION

Achieving elimination is not the end of our struggle to ensure every Malaysian child starts life healthy and free of HIV and syphilis. It's the beginning of a never-ending journey to provide exceptional quality of care to prevent all infections that pass from mother to child.

Maintaining the elimination status for MTCT of HIV and Syphilis require combination of commitment, stronger systems for health, timely prevention, diagnosis and treatment are the keys to success.





KETUA PENGARAH KESIHATAN MALAYSIA
 Kementerian Kesihatan Malaysia
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 Tel: 03-8000 8000
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 Email: arahshah@moh.gov.my

Ruj. Tuan :
 Ruj. Kawi : KKM-600-1/2/3 (17) Jld. 2
 Tarikh : 28 Jun 2021

SENARAI EDARAN

YBhg. Datuk /Dato' /Indera /Dato' /Tuan /Puan,

**SURAT PEKELILING KETUA PENGARAH KESIHATAN MALAYSIA
 BIL. 10 /2021: PELAKSANAAN PENGUKUHAN PROGRAM PENCEGAHAN
 JANGKITAN HIV DAN SIFILIS DARI IBU-KE-ANAK**

1. TUJUAN

Pekeliling ini bertujuan untuk memaklumkan berkenaan arahan pelaksanaan pengukuhan program pencegahan jangkitan HIV dan Sifilis dari ibu-ke-anak.

2. LATAR BELAKANG

Bagi memastikan bayi bebas dari jangkitan HIV dan *Congenital Syphilis*, Kementerian Kesihatan Malaysia telah melaksanakan ujian saringan Sifilis kepada semua ibu mengandung sejak awal tahun 1980an, diikuti dengan ujian saringan HIV mulai tahun 1998. Melalui pelaksanaan Program Pencegahan Jangkitan HIV dan Sifilis dari ibu-ke-anak (*Prevention of Mother-to-Child Transmission of HIV and Syphilis*) ini, Malaysia telah berjaya mendapat pengiktirafan status eliminasi jangkitan HIV dan Sifilis dari ibu-ke-anak daripada Pertubuhan Kesihatan Sedunia (WHO) pada 8 Oktober 2018. Sungguhpun kejayaan ini telah dicapai, *Global Validation Advisory Committee (GVAC)* telah mengesyorkan agar garis panduan yang sedia ada dikemaskini dan ditambahbaik seiring dengan kemajuan rawatan masa kini serta mengambil kira isu-isu berkaitan dengan hak asasi manusia.

3. KEPERLUAN PENGUKUHAN PROGRAM PMTCT HIV DAN SIFILIS

3.1 Analisa pencapaian Program PMTCT HIV bagi tahun 2018-2020 menunjukkan Malaysia masih lagi dapat mengekalkan status eliminasi HIV ini melalui indikator-indikator proses dan impak yang telah ditetapkan oleh WHO seperti berikut:

- i) Pencapaian saringan HIV di kalangan ibu mengandung >95%;

• https://www.moh.gov.my/index.php/database_stores/store_view_page/10/434



HALAMAN UTAMA INFO KORPORAT DIREKTORI PENERBITAN KERJAYA ARKIB



Tajuk	Surat Pekeliling Ketua Pengarah Kesihatan Malaysia Bil. 10/2021 : Pelaksanaan Pengukuhan Program Pencegahan Jangkitan HIV Dan Sifilis Dari Ibu Ke Anak
No. Pekeliling	KKM-600-1/2/3 (17) Jld. 2
Penerangan	Sila Rujuk Lampiran
Kategori Pekeliling	Pekeliling Ketua Pengarah Kesihatan
Tahun	2021
Tarikh	18-08-2021

Lampiran-lampiran

- Surat Pekeliling KPK Bil 10_2021_Pelaksanaan Pengukuhan Program Pencegahan Jangkitan HIV dan Sifilis dari ibu-ke-Anak.pdf
- Garis Panduan Pengukuhan Program Pencegahan Jangkitan Hiv Dan Sifilis Dari Ibu-ke-anak_Edisi Kedua_(Ogos 2021).pdf
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Panaran terbaik menggunakan pelantar Web Microsoft Edge, Mozilla Firefox & Google Chrome versi terkini dengan resolusi minima 1366px x 768px

Day 1- Webinar On Strengthening Prevention Of Mother-to-child Transmission Of HIV & Syphilis

Program <https://www.youtube.com/watch?v=SQ-3qlvJ6BU>

Day 2-Webinar On Strengthening Prevention Of Mother-to-child Transmission Of HIV & Syphilis

Program <https://www.youtube.com/watch?v=bTwvpKzYiFI>

27 SEPT 2021 • DAY 1
This webinar will be conducted in English and Malay

SEPTEMBER 2021
8.00 AM - 1.00 PM
REGISTRATION LINK
<https://bit.ly/3JEUz24>

MODERATOR:

Dr Mohd Izzar Anwar bin Abdul Khani
Principal Assistant Director of HIV/STI/Hep C Sector, Disease Control Division, Ministry of Health Malaysia

KEYNOTE SPEAKER:
Strengthening of PMTCT of HIV and Syphilis program in Malaysia: What's new in the PMTCT guidelines?

Dr. Anita Binti Suleiman
Consultant of Public Health Medicine Specialist, Head of HIV/STI/Hep C Sector, Disease Control Division, Ministry of Health Malaysia

TOPIC 1:
Management of HIV in pregnancy at primary care level.

Dr. Nurul Aida Binti Salleh
Family Medicine Specialist, Klinik Kesihatan Kuala Lumpur, WPKL

TOPIC 2:
Management of Syphilis in pregnancy at primary care level. Importance of early and adequate treatment.

Dr. Nik Mazlina Binti Mohammad
Consultant Family Medicine Specialist, Klinik Kesihatan Kelana Jaya, Selangor

TOPIC 3:
Treatment of HIV/ Syphilis infection during pregnancy. How to deal with penicillin allergy?

Dr. Khairil Erwan Bin Khalid
Medical and Infectious Diseases Specialist, Head of Infection Control Department, Hospital Kuala Lumpur, WPKL

Organized by:
HIV/STI/HEP C Sector, Disease Control Division,
Ministry of Health Malaysia

28 SEPT 2021 • DAY 2
This webinar will be conducted in English and Malay

SEPTEMBER 2021
8.00 AM - 1.00 PM
REGISTRATION LINK
<https://bit.ly/3JEUz24>

MODERATOR:

Dr Mohd Izzar Anwar bin Abdul Khani
Principal Assistant Director of HIV/STI/Hep C Sector, Disease Control Division, Ministry of Health Malaysia

TOPIC 1:
Management of labour and delivery of HIV infected mother. How to deal with unbooked cases?

Dr. Muniswaran A/L Ganesham @ Ganesham
Obstetrician & Gynaecologist and Maternal Fetal Medicine Specialist, Hospital Tunku Azizah, WPKL

TOPIC 2:
Management of labor and delivery of Syphilis infected mother. Is there opportunities to prevent syphilitic stillbirth?

Dr. Vaen Hlan Yan
Obstetrician & Gynaecologist and Maternal Fetal Medicine Specialist, Hospital Umum Sarawak

TOPIC 3:
Management of infant born to HIV/Syphilis-positive mother.

Dr. Choo Chang Ming
Consultant Paediatrician & Paediatric Infectious Diseases, Hospital Pulau Pinang

TOPIC 4:
Screening and diagnostic testing of HIV. Ensuring quality in HIV diagnostic.

Dr. Rozainanee binti Mohd Zain
Consultant Pathologist (Virology), Head of Virology Unit, Institute of Medical Research

TOPIC 5:
Screening and diagnostic testing of Syphilis. Role of RDT in antenatal screening.

Dr. Noraini binti Ismail
Consultant Pathologist (Medical Microbiology), Hospital Sultanah Bahiyah, Kedah.

Organized by:
HIV/STI/HEP C Sector, Disease Control Division,
Ministry of Health Malaysia

za@moh.gov.my x Global AIDS Monitoring x DAY 1- WEBINAR ON STRENGTHENING PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV & SYPHILIS

youtube.com/watch?v=SQ-3qlvJ6BU

Search


WEBINAR ON STRENGTHENING PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) OF HIV AND SYPHILIS PROGRAM IN MALAYSIA: UPDATES ON PMTCT GUIDELINES

The virtual webinar will begin at 8.30 am. Stay tuned!

WEBINAR ON STRENGTHENING PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV & SYPHILIS
RAM

422 DISLIKE SHARE SAVE

Streamed live on Sep 27, 2021

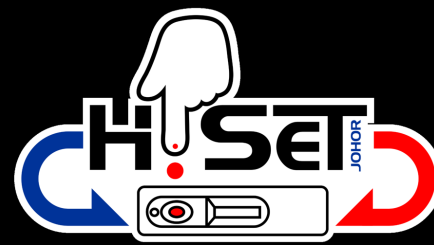




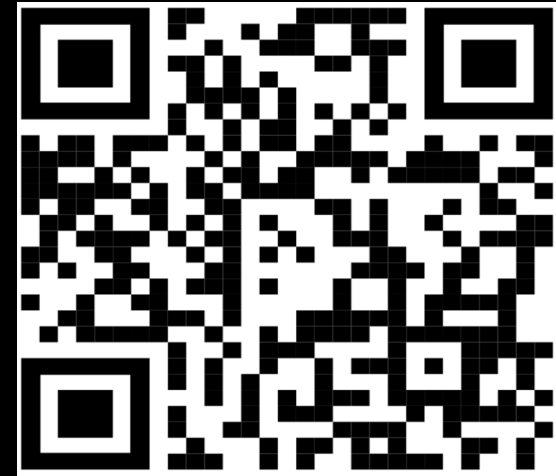
Acknowledgment
Sector of HIV/STI/Hep C,
Ministry of Health



@Johor Sihat Tanpa HIV



elearningjknj.moh.gov.my



**UNIT HIV/ STI/ HEPATITIS C
BAHAGIAN KESIHATAN AWAM,
JABATAN KESIHATAN NEGERI JOHOR**