

Table 1 - Group A median values

Ganciclovir treatment	Before	During	After
Hemoglobin (g%)	12.5	10.7	12.1
Neutrophils (mm ³)	4258.5	3378	3215*
Platelets (mm ³)	63250	272000	175006

Table 2 - Group B median values

Ganciclovir treatment	Before	During	After
Hemoglobin (g%)	11.4	10.6	10.2
Neutrophils (mm ³)	4700	4079	526*
Platelets (mm ³)	72750	130233	18006

Conclusions: The authors concluded that the newborn infants that had been treated with Ganciclovir for a period of 3 months (group A) presented hematological evolution better than the group that was treated for a period of three weeks (group B) and the majority of newborn infants from group A showed CMV culture e CMV DNA negative shortly after the treatment. It is safe to assume that patients submitted to a prolonged treatment with Ganciclovir respond far better than the ones treated over a shorter period.

L83

ETHICAL ASPECTS OF HIV INFECTION AND REPRODUCTION

J.Schenker, Israel

1. HIV infection is a transmissible disease with profound social and psychological implications for the woman, her partner and her family as well as for the health care team and society. Its characteristics include a prolonged latent period, a very high morbidity and mortality and social stigma. In addition, there is as yet no vaccine or curative treatment. Vertical transmission from mother to fetus, or to infant via breast milk may occur. The incidence of this transmission may be reduced by drug therapy.
2. These facts bring sharply into focus the ethical conflict between patient privacy and confidentiality and the need to protect the sexual partners, the health care team and the public from a fatal communicable disease.
3. Because the disease has the potential of reaching epidemic proportions, the overriding consideration of infection control for the whole population comes into tension with the limits of individual rights. As well as aggressive educational programs, other measures that may be considered would be mandatory offering of antenatal screening and confidential disclosure of HIV status to sexual partners and to health care workers at risk of exposure. Information regarding numbers of seropositive individuals should be made available to public health officials.
4. Individuals who are informed of positive serostatus suffer severe psychological sequelae including the sense that they have been given a death sentence. Furthermore discrimination based on seropositivity in regard to housing, jobs and insurance exists. Physicians have a duty, therefore, to provide not only individual counsel and care for patients but also public advocacy to protect them from unfair and punitive actions.
5. While appreciating the importance of confidentiality and patient privacy, the ethical responsibility of individual patients to prevent harm to others still exists. Informed consent must be obtained prior to testing for HIV infection and communication of the resultant information. Every effort should be made through counseling to convince individual patients of their responsibility to others including the importance of allowing such information to be used to protect sexual partners and health care workers. If in spite of every effort, consent is not obtained and the risk of transmission is high in certain circumstances, with consultation, it may be justified to override patient confidentiality.
6. Assisted reproductive technology requires the elective donation of gametes, embryos or surrogate carriage of pregnancy. Because of the elective nature of this technology confidential counseling and testing can be done and inclusion of only those with negative HIV status is possible. To protect the in-

terests of those at risk of unwanted exposure to HIV including the potential child only seronegative individuals should be allowed to participate.

7. Breastfeeding: In societies where safe, affordable alternative methods of infant feeding are available, it may be unethical for an HIV infected mother to breastfeed her child. Where the risks of alternative infant feeding are high, the balance of risk to the infant.

L87

PERINATAL INFECTION & HOW TO MANAGE IN DEVELOPING COUNTRY

Nirmala Saxena, *Nalanda Medical Collage, Patna, India, Society of Perinatology and Reproductive Biology, India*

Perinatal infections especially neonatal bacterial sepsis is the commonest cause of neonatal mortality in India. The fetus may get infected in utero or during birth from the infected birth canal or may develop nosocomial infections any time after birth. Few other factors are responsible like spontaneous premature rupture of membrane if un care & unattended, unnoticed leaking of membranes at any stage of pregnancy, fetal birth in an unhygienic condition, prolonged labour with rupture membranes and compromised and premature birth of a fetus.

Common maternal infections in India:

U.T.I, helminthesiasis, monilial and trichomonal vaginosis, Chlamydia infection, recurrent gastroenteritis and amoebiasis, malarial fever, recurrent throat and chest infection, hepatitis A, B, & E, maternal syphilis, TORCH infection and AIDS.

Intrauterine infections:

It may occur due to virus, protozoa, spirochaetes and occasionally by bacteria including mycobacterium tuberculosis. They are popularly known as TORCH infection. Fetal infection occurs either as a result of direct transplantation passage or due to ascending infection.

Factors predisposing neonatal infections:

Low birth weight fetus, contaminated in utero environment, infected birth canal, infection at birth or after birth, congenital anomalies, top feeding, sex of the child, amniocentesis, cordocentesis, amnio infusion, endotracheal intubation, assisted ventilation, umbilical catheterization and exchange transfusion.

Types of infection:

Superficial infections- pyoderma, conjunctivitis, umbilical sepsis and oral thrush.

Infective diarrhoea, septicemia, meningitis, pneumonia, pyelonephritis, sclerema, necrotizing enterocolitis, systemic candidiasis, tetanus neonatorum (rare), congenital tuberculosis(rare), DIC (rare).

How to manage in developing countries:

1. preventive aspect

2. curative aspects

preventive: adolescent health care, awareness regarding STD and menstrual hygiene, pre marital counseling, pre pregnancy counseling, provision of clean drinking water and net, clean surrounding, stop promiscuity, use of condom to be promoted, improve general health, avoid sex discrimination, good ante natal care, requisite investigations-routine & specific, high vaginal swab collection, pap smear of cervix, any fever and infection during pregnancy to be investigated and treated adequately, toxoplasmic in endemic and cat-friendly population, handle cat safely, meat should be eaten after thorough cooking, routine administration of chloroquine to all the mothers.

Curative:

Early recognition and evaluation of extent of disease, biochemical and radiological investigation, prompt administration of effective antimicrobial agent, optimal supportive management, immunotherapy, and human and emotional care.