

FP 34 ANTIBODIES TO HTLV-1 IN 3340 PREGNANT WOMEN SERA FROM WEST AFRICA, MARTINIQUE AND MIGRANT WOMEN POPULATION LIVING IN FRANCE.

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HTLV-1 antibody prevalence was examined in pregnant women from Ivory Coast (814), Mali (63), Niger (61), Senegal (281), Togo (565), Martinique (716) and from foreign pregnant women living in France (840).

HTLV-1 antibodies were determined by :

- Indirect immunofluorescence and ELISA using HUT 102 clone B2 cells
- Western Blot using the same strain, and RIPA with MT 2 cells for uninterpretable sera by WB.

Results :

- prevalence rate : 1.34 % for subsaharan African women, with a higher level in Ivory Coast (1.84 %)

2.34 % for Martinique women

- negative results for all foreign women living in Limoges.

A correlation was found with age : higher levels were found for women more than 40 years old (2.4 %) in West Africa, and between 30-39 years old in Martinique (3.9 %).

The prevalence observed poses HTLV-1 screening problem not only in blood donors, but also in pregnant women. A serological survey during pregnancy could prevent milk transmission which is known to be an important mode of transmission for HTLV-1.

FP 35

AIDS Legislation for Developing Countries
- Problems and Prospects

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Only a few developing countries have provided for legal measures in their national plans of action. The AIDS pandemic calls for a total societal response and developing countries must not be slow to recognize the potentiality of AIDS-related health legislation. Such legislation can help to bring about attitudinal and behavioural changes, and provide a legal basis for blood and related products to be screened, for the provision of education and counselling, for the protection of the rights of the patient, etc. This paper offers a set of guiding principles to be followed in the enactment of AIDS legislation in developing countries.