



Health Alert: Steps to Further Reduce Mother-to-Child HIV Transmission in New York State

New York State providers have successfully reduced the statewide mother-to-child HIV transmission (MTCT) rate. In 1997, the statewide rate of MTCT was 10.9% with 97 infants infected; in 2004, the rate was 2.8% with 16 infants infected. The purpose of this Alert is to highlight important strategies to continue reducing MTCT with the goal of eliminating perinatal HIV transmission.

- Identifying Acute HIV Infection During Pregnancy
HIV Testing in the Third Trimester
Point-of-Care Rapid HIV Testing in Delivery Settings
Assuring Access to Care and Supportive Services

1. Identifying Acute HIV Infection (AHI) During Pregnancy

Between 2002 and 2004, 31 cases of AHI during pregnancy were identified in NYS, resulting in 12 cases of MTCT. AHI during pregnancy results in MTCT because the HIV infection often goes undetected and untreated. Also, maternal HIV viral load (VL) can be very high during and following AHI, which may increase the risk of MTCT.

Recognize AHI and diagnose using an HIV RNA test in addition to an HIV antibody test.

Immediate testing is recommended for any pregnant woman who presents with a clinical syndrome compatible with AHI without a known cause, even if she tested HIV-negative earlier in pregnancy. Guidelines for the medical management of pregnant women with AHI and their exposed newborns are being developed. General information on AHI may be found at http://www.hivguidelines.org

Table with 2 columns: Signs and Symptoms of AHI (Fever, pharyngitis, fatigue, myalgia, arthralgia, rash, nausea, vomiting, diarrhea, headache, nightsweats, lymphadenopathy, hepatosplenomegaly) and Laboratory Test Results in AHI (HIV antibody test - May be negative or indeterminate in AHI; HIV RNA test - Will be positive earlier than antibody testing; may be high).

In suspected cases of AHI during pregnancy, the Department recommends:

- Immediate testing using an HIV antibody test and an HIV RNA test, If either is positive or there is strong clinical suspicion:
Immediate consultation with an HIV specialist regarding diagnosis and treatment,
Confirmatory antibody testing 3-6 weeks later if the HIV RNA test is positive and the initial antibody test is negative or indeterminate.

Testing for AHI in pregnancy may be accessed by contacting:

- In New York City: New York City Department of Health & Mental Hygiene, HIV Surveillance and Epidemiology Program, Provider Line (212) 442-3388
Outside New York City: New York State Department of Health, Wadsworth Center, Diagnostic HIV Laboratory (518) 474-2163

2. HIV Testing in the Third Trimester

In concert with the Centers for Disease Control and Prevention (CDC), the Department recommends that prenatal providers routinely recommend repeat HIV testing, preferably at 34-36 weeks, for all women who test negative early in prenatal care (See MMWR 2006; 55[RR-14]: 1-17). The second test ideally should be at least three months after the initial test. Repeat testing will identify women who become infected with HIV during pregnancy, a group which accounts for an increasing proportion of MTCT. The Informed Consent to Perform HIV Testing form allows pregnant women to have repeat HIV testing during the pregnancy without signing another consent form. (Consent Forms DOH-2556 and 2556i are at http://www.nyhealth.gov/forms/doh-2556.pdf)

Routinely recommend a second HIV antibody test in the 3rd trimester.

3. Point-of-Care Rapid HIV Testing in Delivery Settings

Some cases of MTCT occurred in association with delays in expedited HIV testing at delivery of women without prior HIV testing or with suspicion of recent HIV infection. Implementing point-of-care (rapid) testing facilitates timely administration of prophylaxis to HIV-positive women and their exposed newborns. For women diagnosed with HIV during labor, HIV antiretroviral (ARV) regimens to prevent MTCT are most effective if initiated during labor or, if intrapartum ARV is not possible, to the newborn within 12 hours of birth.

The Department of Health recommends:

- All birth facilities adopt point-of-care rapid HIV testing in labor and delivery settings.
- Expedited HIV test results should be available within an hour to facilitate effective administration of ARV prophylaxis.

For information on rapid testing, see: <http://www.nyhealth.gov/diseases/aids/testing/rapid/index.htm>

4. Assuring Access to Care and Supportive Services

Limited or no prenatal care is an important contributor to residual MTCT in New York. Other associated factors include substance use, sexually transmitted infection(s) during pregnancy and poor adherence to HIV antiretroviral (ARV) medications.

HIV Case Management is a Standard of Care:

To facilitate linkages to care and to provide the support many women need, the Department of Health considers it a **standard of care** to link HIV-positive pregnant and postpartum women, including those who deliver without prenatal care, to HIV-specific case management and supportive services. Resources are available at:

- The Ryan White Care Networks have complete listings of case management and supportive services resources available to all HIV-positive pregnant woman within their areas (see http://nyhealth.gov/diseases/aids/workgroups/ryan_white_network_coordinators.htm).
- Women on Medicaid have access to COBRA (intensive community-based case management); see www.cobraacm.org for resources in your area).
- Contact the AIDS Institute, Women's Services Section at (212) 417-4699 for additional resources in New York City.

Education and Technical Assistance Resources

Consultation and technical assistance for prenatal care providers and hospital obstetrical departments are available through:

- **PreCARE Program**, managed by the State University of New York Downstate Medical Center. Services provided by PreCARE include grand rounds, onsite staff training (New York City and vicinity) and regional training sessions. Contact the AIDS Institute's Perinatal HIV Prevention Program at (518) 486-6048 for additional information.
- **HIV Clinical Education Initiative (CEI)**. The CEI is a statewide network providing technical assistance and education. To contact the HIV CEI program nearest you, call (518) 473-8815 or see <http://www.hivguidelines.org>
- **HIV/AIDS Regional Training Centers**. These centers offer training on reducing MTCT and expedited and rapid testing in obstetrical settings. For information, see <http://nyhealth.gov/diseases/aids/training/index.htm>

Delivery units should achieve a one-hour turnaround time for reporting expedited HIV test results.

HIV-positive pregnant and postpartum women should be actively linked to case management and supportive services.