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## Survey of HIV Prevalence in Childbearing Women

Alaska participates in the national survey of HIV prevalence in childbearing women along with 44 other states, the District of Columbia, and Puerto Rico. The survey, designed and funded by the U.S. Centers for Disease Control and Prevention (CDC), measures the prevalence of HIV infection among women giving birth.

The national survey includes all women giving birth to live infants. Blood samples are routinely taken from all infants shortly after birth. The blood samples are first used for routine screening tests to detect metabolic disorders so that appropriate follow-up can occur with affected infants and families. The remaining blood sample is stripped of all identifiers and anonymously tested for antibodies to the Human Immunodeficiency Virus (HIV). HIV specimens are screened by EIA; repeatedly positive specimens are confirmed by Western blot. The presence of antibodies to HIV in the newborn does not necessarily indicate infection since maternal antibodies cross the placenta. Approximately 25-30% of infants born to HIV infected mothers are, themselves, infected. Since all women giving birth to live infants are included in the survey, selection bias is minimized. Since 1988, over eight million specimens have been tested in the U.S.

A total of 40,096 infants have been included in the Alaska survey from February 1990 through June 1993. Of these, 9 have had positive HIV antibody tests (indicating maternal infection) and 38,519 have had negative test results. An additional 1,565 samples were of insufficient quantity to allow HIV testing. The HIV seroprevalence rate among childbearing women in Alaska in 1992 is 0.3 per 1,000 childbearing women.

In comparison, CDC reports preliminary seroprevalence rates among childbearing women for the 1992 survey period of 1.7 per 1,000 for the United States, 0.2 per 1,000 for New Mexico, and 0.3 per 1,000 for Washington. Among states with the highest seroprevalence rates per 1,000 childbearing women during this period are New York (6.0), Florida (5.5), and New Jersey (4.5).

Women comprise 10% (18) of the 180 Alaska AIDS cases diagnosed between 1982 and June 30, 1993. Of 28,785 women voluntarily undergoing HIV testing at facilities which use the State Laboratory, 55 (0.2%) were HIV positive. Of 1,782 female civilian applicants for military service in Alaska between October 1985 and March 1993, none were HIV positive.

Ideally, women at risk of HIV infection should know and consider their HIV status in making decisions about childbearing. Additionally, knowledge of serostatus is important in clinical management of mother and infant. Studies in other parts of the U.S. have found that many HIV positive women were unaware of their HIV infection and did not even consider themselves at risk. Risk reduction education remains a primary tool in preventing HIV infection and should be incorporated into all appropriate service interactions with at-risk women. Referrals for substance abuse treatment and other services should be offered to these women to support risk reduction efforts, as appropriate. Although the prevalence of HIV infection among childbearing women is relatively low in Alaska at this time, **we recommend that all women who are pregnant or considering pregnancy, all women with STD, all women using injection drugs or trading sex for drugs or money, and all women with HIV positive or high risk sex partners be offered voluntary HIV counseling and testing.**

(Contributed by Wendy Craytor, MBA, MPH, Section of Epidemiology)