



Bulletin No. 26

October 11, 1995

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 to live infants. The presence of antibodies to HIV in the newborn does not necessarily indicate the child is infected since maternal antibodies cross the placenta. With no intervention, approximately 25% of infants born to HIV-infected mothers are infected.

According to the national survey protocol, blood samples taken shortly after birth are first used for routine testing to detect metabolic disorders, so that appropriate follow-up can occur. The remaining blood sample is stripped of all identifiers and anonymously tested for HIV antibodies.

A total of 56,656 infants have been included in the Alaska survey from February 1990 through May 1995. Of these, 10 (0.02%) have had positive HIV antibody tests (indicating maternal infection). An additional 1,993 newborns had samples which were of insufficient quantity to allow HIV testing.

Year	# Tested	# Positive	% Positive	QNS**
1990	10,199	2	0.02	485
1991	11,668	4	0.03	560
1992	11,466	3	0.03	359
1993	10,505	0	0.00	319
1994	10,256	1	0.01	212
1995	2,562	0	0.00	58
Total	56,656	10	0.02	1,993

* 1995 date is for the period 1/95 through 5/95

** QNS denotes quantity of sample insufficient for testing

Additionally, of 42,344 women voluntarily undergoing HIV testing at facilities which use the State Laboratory, 68 (0.2%) were HIV positive through June 30, 1995. Prevalence of HIV infection among women in Alaska is relatively low, as indicated by the data above. Of the 305 Alaska AIDS cases reported through June 30, 1995, 34 (11%) are female. The youngest woman with AIDS in Alaska was 20 years old at the time of diagnosis, the oldest was 75 years old. Thirty of the 34 women were diagnosed in the childbearing years (15-50).

The U.S. Centers for Disease Control and Prevention (CDC) has developed the following recommendations to guide health-care workers when educating women about HIV infection and the importance of early diagnosis of HIV. The recommendations are based on the advances made in the treatment and prevention of HIV infection and stress the need for a universal counseling and voluntary testing program for pregnant women.

Recommendations for HIV Counseling and Voluntary Testing of Pregnant Women¹

- Health care providers should ensure that all pregnant women are counseled and encouraged to be tested for HIV infection to allow women to know their infection status, both for their own health and to reduce the risk for perinatal HIV transmission. Pretest HIV counseling should include information regarding the risk for HIV infection associated with sexual activity and injecting-drug use, the risk for transmission to the woman's infant if she is infected, and the availability of therapy to reduce this risk.
- HIV testing of pregnant women and their infants should be voluntary. Consent for testing should be obtained in accordance with prevailing legal requirements. Women who test positive for HIV or who refuse testing should not be a) denied prenatal or other health-care services, b) reported to child protective service agencies because of refusal to be tested or because of their HIV status, or c) discriminated against in any other way
- Health-care providers should counsel and offer HIV testing to women as early in pregnancy as possible so that informed and timely therapeutic and reproductive decisions can be made
- Uninfected pregnant women who continue to practice high-risk behaviors (e.g. injecting drug use and/or unprotected sexual contact with an HIV-infected or high-risk partner) should be encouraged to avoid further exposure to HIV and to be retested for HIV in the third trimester of pregnancy
- The prevalence of HIV infection may be higher in women who have not received prenatal care. These women should be assessed promptly for HIV infection. For women who are first identified as being HIV infected during labor and delivery, health-care providers should consider offering intrapartum and neonatal ZDV according to published recommendations. For women whose HIV infection has not been determined, HIV counseling should be provided and HIV testing offered as soon as the mother's medical condition permits. However, involuntary HIV testing should never be substituted for counseling and voluntary testing.

Some HIV-infected women do not receive prenatal care, choose not to be tested for HIV, or do not retain custody of their children. If a woman has not been tested for HIV, she should be informed of the benefits to her child's health of knowing her

child's infection status and should be encouraged to allow the child to be tested. Counselors should ensure that the mother provides consent with the understanding that a positive HIV test for her child indicates that she is infected.

¹Centers for Disease Control and Prevention. U.S. Public Health Service Recommendations for Human Immunodeficiency Virus Counseling and Voluntary Testing for Pregnant Women. MMWR 1995;44(No. RR-7):8-9.

(Contributed by Kami Hutchins, BSN, MSN, Section of Epidemiology.)