

## PERINATAL HIV TESTING — WHY THE CONTINUED FOCUS?

FROM 1998–2002 more than 225,000 babies were born in Oregon. During this same period one case of perinatal HIV transmission was reported. Many will look at these numbers and conclude that Oregon clinicians are doing a good job screening pregnant women for HIV and offering treatment to women who are HIV-positive. This would be true, *if* these numbers alone were the basis for that conclusion. However, when additional data on this topic are considered, there are indications that initial review of these numbers may be a bit deceiving. Thirty-four perinatal cases of HIV infection have been reported in Oregon since 1985. Of these, 6 (18%) have died.

After several years of no reported perinatal HIV transmission in Oregon, a case was reported in 2002. Another case was reported in 2003. Both cases involved women who were not screened for HIV during the course of their pregnancies or at delivery. Just bad luck? Perhaps. Or perhaps it's an indication that not all is right with the way pregnant women in Oregon are being screened for HIV infection.

Survey results from the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) from 1998–2001 indicate that a significant number of pregnant women are not routinely advised to test for HIV.<sup>1</sup> When asked, "At any time during your most recent pregnancy, did a doctor or midwife suggest that you get a blood test for HIV (the virus that causes AIDS)?" 57% of mothers responding to the survey answered yes; 40% responded no, and 3% did not know. Of those responding to the question "At any time during your recent pregnancy did you have a blood test for HIV (the

virus that causes AIDS)?" 56% said yes, 37% said no, and 7% did not know. This survey indicates less than optimal levels of HIV screening. It may also be a sign that in Oregon, we are actually losing ground. In a survey of prenatal health care providers, conducted by the Oregon Health Division in 1997,<sup>2</sup> 65% of respondents reported encouraging all their pregnant patients to be tested for HIV. The remainder encouraged only a selected minority of their patients to be tested. While 65% of prenatal providers encouraging universal HIV screening is far from ideal, to have only 56% of pregnant women surveyed five years later remember that their provider encouraged them to be tested for HIV, suggests that something has gone awry.

In 1995, the Public Health Service (PHS) and The Centers for Disease Control and Prevention (CDC) recommended that all pregnant women be encouraged to test for HIV.<sup>3</sup> In 1998, the Institute of Medicine (IOM) recommended that the United States adopt a national policy of universal HIV testing with patient notification, as a component of prenatal care. The IOM also recommended that women be informed when an HIV test is conducted, and that they have the right to refuse testing. In May 2000 the American College of Obstetricians and Gynecologists (ACOG) launched a campaign that called for universal HIV screening in pregnancy. "Every pregnant woman in the U.S., regardless of her apparent risk, should be tested for the human immunodeficiency virus (HIV) as a routine part of prenatal care," advised the ACOG. "Our aim is to make HIV testing as commonplace as urinalysis during the first prenatal office visit."

In 2001, in agreement with the recommendations of the IOM, and in conjunction with scientific advances made in the area of preventing perinatal HIV transmissions and care for HIV-infected women, CDC revised its 1995 Recommendations for HIV Screening for Pregnant Women to emphasize HIV testing as a routine part of prenatal care and strengthened its recommendation that all pregnant women be tested for HIV.<sup>4</sup> Other revisions included: simplification of the testing process so that pretest counseling was not a barrier; making the consent process more flexible to allow for various types of informed consent; recommending that providers explore and address reasons for refusal of testing; emphasizing, at the time of labor and delivery, HIV testing for women who had not received prenatal testing; and, recommending treatment for HIV-positive women who had not received antiretroviral drugs during their pregnancy. These guidelines recommended voluntary HIV testing to preserve a woman's right to participate in decisions regarding testing, to ensure a provider-patient relationship that contributed to optimal care for mothers and infants, and to support a woman's right to refuse testing if she did not think it in her best interest.

The effect of the above recommendations appears to have been phenomenal. Nationally, mother-to-child HIV transmission fell from an estimated high of 1,000 to 2,000 HIV-infected infants born each year in the early 1990s to an estimated 280 to 370 HIV-infected infants born in 2000.

And yet, there remains a need to scrutinize perinatal HIV transmission. In the United States 91% of all AIDS cases in children are the result of moth-



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er-to-child transmission—either during labor and delivery or through breastfeeding. Every perinatal HIV transmission is a personal and family tragedy, and a needless one at that. In a news release issued in September 2003, the ACOG wrote, “A study in the October issue of *Obstetrics and Gynecology* found that although health care providers have a high compliance rate (over 96%) with long-standing prenatal screening recommendations for hepatitis B, syphilis and rubella, improvements in prenatal testing and the delivery of interventions are needed to reduce and prevent infections such as HIV and Group B Strep in high risk women and newborns.” The perinatal HIV testing rate in this study was 57.2%. This corroborates data from other sources that suggest that many providers have not yet incorporated HIV screening as a routine test for all pregnant women. The lingering question... What will it take to get there?

In April 2003 CDC launched a new initiative aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment, and ongoing prevention services for persons with HIV.<sup>5</sup> Advancing HIV Prevention (AHP) comprises four strategies:

- making HIV testing a routine part of medical care whenever and wherever patients go for care;
- using new models for diagnosing HIV infection outside traditional medical settings;

- preventing new infections by working with people diagnosed with HIV and their partners;
- continuing to decrease mother-to-child HIV transmission.

Several approaches are being used for prenatal HIV testing in the United States. In an “opt-in” approach (used in Oregon and most other states), pregnant women are provided HIV counseling and must specifically consent (usually in writing) to an HIV antibody test. Under an “opt-out” system, pregnant women are notified that an HIV test is routinely included in a standard set of prenatal tests for all pregnant women, but that they can refuse HIV testing. In cases where the mother’s HIV status is unknown at the time of delivery, some states mandate that newborns be tested for maternal HIV antibody, with or without the mom’s consent.

After reviewing perinatal HIV testing rates associated with these three approaches, CDC recommended the opt-out approach. In areas that have implemented the opt-out approach, the proportion of pregnant women who are screened for HIV has increased significantly—thus increasing the likelihood that HIV-infected women in these areas will receive antiretroviral treatments that will improve their health and prevent the transmission of HIV to their infants.

Should Oregon move to an opt-out approach to perinatal HIV screening? The jury is still deliberating. Meanwhile, please be aware that perinatal HIV transmission still occurs in Oregon. After four years without a case, two cases of perina-

tal HIV transmission is two too many. Please encourage every pregnant woman in your care to be tested for HIV and treated, if infected, to safeguard the health of herself and of her baby.

#### REFERENCES

1. Oregon Department of Human Services PRAMS Survey Results 1998–2001. At: <http://www.dhs.state.or.us/publichealth/pch/prams>.
2. Oregon Department of Human Services. Screening for HIV infection during routine prenatal care. CD Summary 1997:46.
3. CDC. U.S. Public Health Service recommendations for human immunodeficiency virus counseling and voluntary testing for pregnant women. MMWR 1995:44 (RR-7); 1–15.
4. CDC. Revised recommendations for HIV screening of pregnant women. MMWR 2001:50 (RR-19);59–86.
5. CDC. Advancing HIV prevention: new strategies for a changing epidemic—United States 2003. MMWR 2003:52;329–32.

#### WEB RESOURCES

- Oregon Health Services HIV Program: <http://www.dhs.state.or.us/publichealth/hiv/index.cfm>
- CDC Division of HIV/AIDS Prevention home page: <http://www.cdc.gov/hiv/dhap.htm>
- CDC DHAP Perinatal Prevention Project: <http://www.cdc.gov/hiv/projects/perinatal/default.htm>
- CDC HIV Testing Recommendations and Guidelines: <http://www.cdc.gov/hiv/testing.htm>
- Institute of Medicine: <http://www.iom.edu/>