Alabama Department of Public Health (ADPH) Alabama Emergency Response Technology (ALERT) Health Alert Network (HAN) May 6, 2024

Increase in Perinatal HIV in Alabama

The Alabama Department of Public Health is collaborating with the University of Alabama at Birmingham (UAB) Family Clinic/UAB Division of Pediatric Infectious Disease of OB/GYN to investigate a recent increase in the number of cases of perinatal HIV infections in Alabama.

From January 2020 through January 2022, there were a total of eight identified cases of perinatal HIV infection in the state. Upon medical chart review, we learned that a few of the women did not receive labor and delivery testing. We would like to strongly encourage medical facilities to conduct labor and delivery testing regardless of the patient's medical history.

It is imperative that providers remain vigilant in their efforts to prevent perinatal HIV infection by adhering to the following guidelines:

- HIV testing is standard of care for all pregnant women and is a routine component of preconception care.
- Consistent with CDC and American Academy of Pediatrics guidelines, all pregnant women in Alabama should receive both first trimester and third trimester HIV screening. Third trimester HIV screening should occur at <36 weeks gestational age to allow time to intervene.
- Providers should order HIV testing with an immunoassay that is capable of detecting HIV-1 antibodies, HIV-2 antibodies, and HIV-1 p24 antigen (i.e, antigen/antibody combination immunoassay).
- All pregnant women should be tested for HIV as early as possible during each pregnancy unless they opt out after counseling regarding the importance of the test.
- All partners of pregnant women should be encouraged to undergo HIV testing when their HIV status is unknown.
- HIV Pre-exposure prophylaxis (PrEP) is a safe treatment for the prevention of HIV in pregnant and breastfeeding women. Please see attached recommendations for PrEP guidelines.

- Women who decline testing earlier in pregnancy should be offered testing again during the third trimester.
- If maternal HIV status is unknown at the time of labor, a rapid HIV test should be
 performed immediately. Women who were not tested for HIV before or during labor
 should undergo expedited HIV antibody testing in the immediate postpartum period.
 Testing should be available 24 hours a day and results available within one hour.
 Maternal HIV status should be confirmed prior to discharge of the women and/or
 neonate from the hospital.
- Newborns of women who decline HIV testing during pregnancy should undergo rapid HIV testing as soon as possible after birth.
- Results of maternal HIV testing should be documented in the newborn's medical record and communicated to the provider in the newborn nursery.
- HIV testing is recommended for newborns and children in foster care and adoptees for whom maternal HIV status is unknown.

The Alabama Department of Public Health highly recommends universal testing for all women, universal repeat testing at the start of the 3rd trimester and testing at any time if there is a new partner.

HIV is very treatable for mom and baby. For more information on treatment, please visit www.clinicalinfo.hiv.gov.

For questions regarding maternal or newborn HIV testing or management of a newborn exposed to HIV, dial 205-638-9100 and ask for the Pediatric Infectious Disease Specialist on call. Additional clinical support is available through the National Perinatal HIV Hotline (1-888-448-8765).

To schedule an appointment for an infant exposed to HIV, please call UAB Family Clinic at 205-638-9400 or 888-441-3767.

If you are interested in continuing education and/or technical assistance related to prevention of perinatal HIV infection, email familyclinic@peds.uab.edu.

A detailed version of the Perinatal Clinical Guidelines can be found at https://clinicalinfo.hiv.gov/en/guidelines/perinatal/whats-new

HIV Pre-Exposure Prophylaxis (PrEP) Guidelines:

https://www.cdc.gov/hiv/guidelines/preventing.html