

10-ID-02

Committee: Infectious Disease

Title: Inclusion of “Pregnancy and HIV Infection” in Public Health Reporting

I. Statement of the Problem:

Prevention of mother-to-child transmission of HIV is recognized by the Centers for Disease Control and Prevention (CDC) and the United States Public Health Service (USPHS) as one of the concrete time-limited opportunities to interrupt the spread of HIV infection. As such, the CDC recommends that all women be screened for HIV during pregnancy and that all HIV infected women who become pregnant receive antiretroviral prophylaxis early in pregnancy to prevent perinatal HIV transmission. The CDC also recommends that all jurisdictions report cases of perinatal HIV exposure in infants,¹ a policy that was reinforced by the Council of State and Territorial Epidemiologists’ adoption of Position Statement 02-ID-04 “Surveillance for Perinatal HIV Exposure” in 2002,² and the inclusion of perinatal HIV exposure in infants among the nationally notifiable conditions updated in 2009.³ However, a recent expert consultation held by CDC related to preventing perinatal transmission of HIV noted that the lack of real-time case finding among women who are both pregnant and have HIV infection is a significant weakness in prevention efforts. Furthermore, the lack of a true denominator makes it impossible to accurately calculate perinatal HIV transmission rates.⁴ Using limited data, CDC estimates a thirty percent increase in the number of HIV-infected women delivering infants in the U.S. between 2000 and 2006.⁵ Having reliable data for the number of HIV-infected women giving birth is essential to determine resources needed for perinatal HIV prevention as well as to evaluate existing programs.

Expansion of reporting of perinatal HIV exposure in infants to include reporting of “pregnancy and HIV infection” (i.e., reporting of women who are both pregnant and have HIV infection) supports CSTE’s existing perinatal HIV exposure recommendation and affords health departments the opportunity to conduct follow-up during pregnancy. This follow-up will help ensure access to clinical services and perinatal HIV prophylaxis. Similar public health surveillance for infections during pregnancy and perinatal case management activities have been supported by CDC and CSTE for Hepatitis B^{6, 7} and for syphilis.^{8, 9}

II. Statement of the desired action(s) to be taken:

- 1) CSTE to recommend that jurisdictions incorporate “Pregnancy and HIV infection” into local public health reporting requirements.
- 2) CSTE to consider if revisions are needed for the CSTE “Public Health Reporting and National Notification for HIV Infection” position statement to include reporting of “Pregnancy and HIV infection.”
- 3) CDC to provide the resources to ensure that all jurisdictions can, at a minimum, fully implement perinatal HIV exposure surveillance in order to more accurately monitor perinatal transmission rates of HIV and track progress towards national perinatal HIV elimination goals.
- 4) CDC to provide best practice recommendations and support for using “Pregnancy and HIV infection” and “perinatal HIV exposure” data to support public health actions that can help jurisdictions maximally reduce perinatal transmission of HIV. Recommendations should be feasible in the context of available and anticipated resources.
- 5) CDC to fund projects to demonstrate the feasibility, costs and effectiveness of integrated perinatal HIV, Hepatitis B, and syphilis surveillance and intervention programs. These programs should include real-time case finding and reporting of these infections in pregnancy as well as active case management to help ensure that all mothers and infants receive timely and appropriate interventions to interrupt perinatal transmission. If feasible, effective and cost-saving, CDC should provide resources for a national, integrated effort for perinatal surveillance and prevention of these infections.

III. Public Health Impact:

- Most cases of perinatal HIV infection are associated with missed opportunities for antiretroviral prophylaxis during pregnancy, labor and delivery or the neonatal period.¹⁰ Timely case finding, reporting and case management during pregnancy can reduce the number of missed opportunities and therefore reduce the number of perinatally acquired HIV infections.
- Comprehensive reporting of HIV infection during pregnancy and the neonatal period will improve methods to measure and monitor perinatal HIV transmission locally and nationally.
- Comprehensive reporting of “Pregnancy and HIV infection” in addition to perinatal HIV exposure in infants will provide local jurisdictions with information that can be used to improve systems for prevention of perinatal HIV transmission.
- Models of integrated surveillance and program for HIV, Hepatitis B and syphilis will provide tools to minimize systems duplication and inefficiencies at the national level and more importantly, at the local level.

IV. References

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2. Council of State and Territorial Epidemiologists. 2002. *Surveillance for Perinatal HIV Exposure*. CSTE Position Statement, 02-ID-04.
3. Council of State and Territorial Epidemiologists. 2009. *Public Health Reporting and National Notification for HIV Infection*. 09-ID-01.
4. Centers for Disease Control and Prevention. Summary of consultation on the prevention of mother-to-child transmission of HIV in the United States. April 1-3, 2008. Available from Margaret Lampe, RN, MPH: 404-639-5189.
5. Whitmore S., Zhang X., Taylor A. *Estimated number of births to HIV+ women in the US, 2006*. In: Program and abstracts of the 16th Conference on Retroviruses and Opportunistic Infections; February 8-11, 2009; Montréal, Canada. Abstract 924.
6. Centers for Disease Control and Prevention. Perinatal Hepatitis B Prevention Coordinators Program available at:
<http://www.cdc.gov/HEPATITIS/Partners/PeriHepBCoord.htm>.
7. Council of State and Territorial Epidemiologists. 1998. 98-ID-02.
8. Centers for Disease Control and Protection. *Together we can. The National Plan to Eliminate Syphilis from the United States*. Atlanta, GA: US DHHS, May 2006. Available at: <http://www.cdc.gov/stopsyphilis/SEEPlan2006.pdf>.
9. Council of State and Territorial Epidemiologists. 2009. *Public Health Reporting and National Notification for Syphilis*. 09-ID-62.
10. Whitmore, S.K., *Outcomes of Missed Opportunities for Perinatal HIV Prevention, 1999-2003, Enhanced Perinatal Surveillance (EPS) Project, 24 Sites in the United States, National HIV Prevention Conference*. 2007. Atlanta, GA. Abstract #B09 – 3.

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