Perinatal HIV Infection in Alaska

Prevention of transmission of the human immunodeficiency virus (HIV) from mother to child (vertical transmission) is a priority in the care of pregnant women infected with HIV. Transmission can occur during pregnancy, at delivery or during breastfeeding. Improved drug therapies and guidelines that counsel HIV positive women to avoid breastfeeding have drastically reduced the number of perinatal HIV cases in the U.S.

**Seriousness**

*Health People 2010 Targets and National Data*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Alaska 1998-02</th>
<th>Nation 2003</th>
<th>Healthy People 2010 Goal</th>
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<tbody>
<tr>
<td>Number of perinatal infections of HIV</td>
<td>0</td>
<td>90</td>
<td>Dev.</td>
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</table>

Data are from 25 States with confidential, name-based HIV reporting prior to 1994. See Notes for details.

Although, the Healthy People 2010 objective for reducing perinatal HIV is developmental, perinatal HIV in Alaska has remained below the Nation.

- During 1998-2002, there were no Alaskan infants identified as HIV-positive.

**Severity**

The vast majority of AIDS cases among children in the U.S. occur through vertical transmission during pregnancy, labor and delivery, or breastfeeding. Vertical transmission accounted for 91% of all AIDS cases reported among U.S. children before 1999.

Antiviral medications given to women perinatally and to their newborns in the first weeks of life reduce the transmission rate to 2% or less. Without intervention there is a 25% mother to child transmission rate of HIV – which would result in an estimated 1,750 HIV-infected infants annually in the U.S.2

**Urgency**

- New drug treatments and preventative measures have reduced the number of AIDS cases in children in the U.S. from 952 in 1992 to 59 cases in 2003.
- From 1998-2002 Alaskan women accounted for 30% of the reported HIV/AIDS cases.
- According to the Alaska HIV Prevention Plan, the number of Alaskan women of childbearing age with HIV/AIDS is low but increasing.

- Data from the Alaska Pregnancy Risk Assessment Monitoring System (PRAMS) showed that 84.2% of women delivering a live-born infant in 2002 reported that a health care worker discussed blood testing for HIV during their prenatal care.5

**Disparities**

National data indicate that race, ethnicity, and sex are significantly associated with higher rates of HIV and AIDS.

- In 1998, 80% of children and adult women that were infected with HIV were either African American or Hispanic.2
- From 1999-2003 the annual number of estimated AIDS diagnoses in the U.S. increased 15% among women and 1% among men.3

Although Alaska Native women only comprise 16% of the State population, they accounted for nearly 40% of all recent HIV (non-AIDS) cases among Alaskan women.4

**Economic Loss**

Without intervention, the estimated 1,750 HIV-infected infants that would occur annually in the U.S. would be estimated to have a lifetime medical costs of $282 million.2

**Interventions & Recommendations**

With the finding that perinatal HIV transmission rates could be reduced substantially with zidovudine antiviral therapy during pregnancy, the U.S. Department of Health & Human Services Public Health Service issued guidelines recommending that HIV counseling and voluntary testing become part of routine prenatal care for all pregnant women.

Virtually all professional health care organizations have adopted and promoted voluntary, universal prenatal HIV testing. The American College of Obstetricians and Gynecologists (ACOG) recommendations include: following an opt-out prenatal HIV testing approach, offering repeat HIV testing in the third trimester for high risk women, use of the rapid HIV test for women in labor.
whose status is unknown and prompt initiation of antiretroviral prophylaxis.¹

Furthermore, ACOG recommends that rapid HIV testing, with results that are available within hours, be used to identify HIV infection in women who arrive at labor and delivery with undocumented HIV status. If HIV antibodies are detected, the pregnant woman should be encouraged to start antiretroviral prophylaxis.¹

It is well documented that transmission from mother to infant can occur when an HIV positive mother breastfeeds her infant, therefore, breastfeeding cessation has become one of the primary components of preventing vertical transmission.⁶ The American Academy of Pediatrics and the Centers for Disease Control and Prevention recommend complete avoidance of breastfeeding by HIV-infected women.⁶

**Intervention Effectiveness**

Declines of more than 90% in new cases of AIDS among children demonstrate that these strategies successfully reduce vertical transmission of HIV. Lowering incidence rates even further will require increased access to and use of prenatal care.²

**Capacity**

**Propriety**

Improving outcomes among Alaskan infants falls within the overall mission of the Women’s, Children’s, and Family Health Section and national initiatives have been set forth to address reducing perinatal HIV (HP2010).

**Economic Feasibility**

In its 1999 analysis of perinatal transmission reduction efforts, the State of Alaska Division of Public Health concluded that a universal newborn HIV screening program did not seem justified on a cost-benefit basis, but recommended continued promotion of efforts to provide maternal screening.⁷

**Acceptability**

The Alaska Division of Public Health cites data indicating a very high acceptability of prenatal HIV testing in Alaska.⁷

**Resources**

Alaska PRAMS can be used to monitor trends in prenatal care counseling for HIV testing.

Title X Family Planning Program provides comprehensive and confidential services, but in only two locations. Two other Title X grantees provide services in Alaska: Planned Parenthood of Alaska (4 sites), and the Municipality of Anchorage (2 sites).

Public Health Centers statewide provide screening, diagnosis, and sometimes, treatment services.

**Legality**

Not an issue.

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**References**

⁵ Alaska Pregnancy Risk Assessment Monitoring System (PRAMS), 2002 Data: State of Alaska, DPH.

**Data Sources**


**Notes**

National estimates for perinatal HIV are based on 25 states that have had laws and regulations requiring confidential name-based HIV infection reporting since 1994. Data include children with a diagnosis of HIV infection. This includes children with a diagnosis of HIV infection only, a diagnosis of HIV infection and a later AIDS diagnosis, and concurrent diagnoses of HIV infection and AIDS.