



## HEALTH ADVISORY # 217 Perinatal HIV Case in West Virginia

**TO:** West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities

**FROM:** Matthew Christiansen, MD, MPH - Commissioner and State Health Officer  
West Virginia Department of Health and Human Resources, Bureau for Public Health

**DATE:** September 20, 2023

**LOCAL HEALTH DEPARTMENTS:** Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors and other applicable partners.

**OTHER RECIPIENTS:** Please distribute to association members, staff, etc.

The West Virginia Department of Health and Human Resources, Bureau for Public Health has confirmed an infant born with perinatally acquired HIV. Perinatal transmission of HIV is when HIV is passed from a person with HIV to their child during pregnancy, birth or through breastfeeding. This is the first case of birth parent-to-child transmission of HIV reported in West Virginia in over eight years. Perinatal transmission of HIV is rare in the United States, of the 36,136 new HIV diagnoses in the US in 2021, less than 1% were due to perinatal transmission.

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

### ***HIV Testing***

- HIV testing is standard of care for all pregnant individuals and is a routine component of prenatal screening tests for all pregnant individuals.
- The Centers for Disease Control and Prevention, recommends that all individuals get tested for HIV before they get pregnant and as early as possible during each pregnancy. **Pregnant individuals 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). [Recommended laboratory HIV testing algorithm](#).
- All pregnant individuals should be screened for HIV after the patient is notified that testing will be performed as part of the routine panel of prenatal tests, unless the patient declines (opt-out screening). Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

**Categories of Health Alert messages:**

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- All partners of pregnant individuals should be encouraged to undergo HIV testing when their HIV status is unknown.

### ***Pre-exposure Prophylaxis to Prevent HIV***

- Providers should discuss Pre-exposure prophylaxis (PrEP) with all sexually active individuals without HIV, including individuals who are trying to conceive, pregnant, postpartum or breastfeeding to prevent HIV acquisition. Counselling should include the benefits of PrEP to prevent HIV acquisition and perinatal transmission specific indications for PrEP use including injection drug use.
- Providers should offer routine HIV PrEP. PrEP is a safe treatment for the prevention of HIV in pregnant and breastfeeding individuals. Please see recommendations for [PrEP guidelines](#).
- Providers should offer routine PrEP follow-up, including testing for HIV every 3 months and counselling on signs and symptoms of acute retroviral syndrome. More frequent testing may be appropriate when clinically indicated (e.g., adherence challenges, nonstandard visit schedule).

### ***Labor and Delivery***

- If HIV status is unknown at time of labor, a rapid HIV test should be performed immediately. Individuals 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. HIV status should be confirmed prior to discharge of the individual and/or neonate from the hospital.
- Pregnant individuals with HIV should take antiretroviral therapy through pregnancy and childbirth to prevent perinatal transmission of HIV.
- In pregnant individuals who have a high viral load (more than 1,000 copies/mL) or an unknown viral load near the time of delivery, a cesarean delivery can reduce the risk of perinatal transmission.
- All newborns who were exposed perinatally to HIV should receive postpartum antiretroviral drugs to reduce the risk of perinatal transmission of HIV.
- Newborn antiretroviral regimens administered at doses that are appropriate for the infant's gestational age should be initiated as close to the time of birth as possible, preferably within 6 hours of delivery.
- See guidelines for [Antiretroviral Management of Newborns with Perinatal HIV Exposure or HIV Infection](#).

For questions about this health alert, contact the West Virginia HIV/AIDs & STD hotline at 800-642-8244.

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