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Maine Health Alert Network (HAN) System

PUBLIC HEALTH ALERT

To: All HAN Recipients
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **Prevention of Perinatal HIV in Maine**
Date / Time: Thursday, June 13, 2024, at 3:00PM
Pages: 3
Priority: Normal
Message ID: 2024PHADV016

Please join us **Tuesday, June 18, at 9am**, for a clinician webinar. Maine CDC staff and Dr. Stephen Rawlings from MaineHealth will provide an update on recent HIV activity in Maine, HIV testing recommendations and linkage for care for people who inject drugs (PWID), and HIV testing and prevention during pregnancy. Advanced registration is required. To register, <https://mainestate.zoom.us/meeting/register/tZ0sc-qpqDMuGd0LlbcnHuVOd6tu9U4w9rkq>. After registering, you will receive a confirmation email with information to join the meeting.

Prevention of Perinatal HIV in Maine

Summary

- Maine Center for Disease Control and Prevention (Maine CDC) has received notification of an infant with perinatally-acquired HIV infection. This is a rare event and an opportunity to reinforce HIV testing recommendations to prevent future cases.
- HIV testing is recommended for all pregnant people as early as possible in each pregnancy. A second test in the third trimester is recommended for pregnant people with ongoing risk.
- Infants with perinatal HIV exposure should receive antiretroviral therapy as soon as possible.
- Maine CDC recommends testing all people with ongoing risk factors for HIV infection (e.g., shared syringes, needles, or other injection drug equipment, exchanged sex for drugs or money, or more than one sex partner since their last HIV test) at least *every three months*. This interim recommendation is related to the HIV cluster occurring in Penobscot County.

Background

Maine CDC recently received notification of an infant with perinatally acquired HIV infection. The last infant in Maine with HIV infection attributed to perinatal transmission was born in 2019. [Perinatal HIV infections are rare](#), with 21 cases of HIV attributed to perinatal transmission in the U.S. in 2021, the last year for which data are available. Perinatal HIV in the U.S. has fallen by more than 95% since the early 1990s. Perinatal HIV transmission occurs when HIV is passed from a pregnant person to their child during pregnancy, childbirth, or breastfeeding/chestfeeding. Having an undetectable viral load in pregnancy, and throughout the duration of breastfeeding/chestfeeding, lowers the risk of perinatal transmission of HIV to <1%. Most pregnant people living with HIV can have vaginal deliveries: for people with a high viral load (>1,000 copies/mL) near the time of delivery, a scheduled cesarean delivery can reduce the risk of perinatal HIV transmission.

Recommendations

HIV Testing in Pregnancy

- Maine law requires an HIV test as part of prenatal care. Patient consent is required.
- [U.S. CDC recommends HIV testing in the routine panel of prenatal screening tests for all pregnant people, on an opt-out basis.](#)
 - HIV testing should be conducted as early as possible during each pregnancy. People who decline the test early in prenatal care should be encouraged to get tested at a future visit.
 - A second HIV test during the third trimester, ideally before 36 weeks gestation, may be *considered* for all pregnant persons. This is cost-effective, even in areas of low HIV prevalence.
 - A second HIV test during the third trimester is *recommended* for pregnant people who meet any of the following criteria:
 - People who are known to be at high risk for acquiring HIV (e.g., injection-drug users and their sex partners, people who exchange sex for money or drugs, people who are sex partners of HIV-infected persons, and people who have had a new or more than one sex partner during this pregnancy).
 - People who have signs or symptoms consistent with acute HIV infection. When acute retroviral syndrome is a possibility, a plasma RNA test should be used in conjunction with an antigen/antibody test to diagnose acute infection.
 - People who receive health care in jurisdictions with elevated incidence of HIV or AIDS among women aged 15–45 years. (This does not apply in Maine at this time.)
 - People who receive health care in facilities in which prenatal screening identifies at least one HIV-infected pregnant person per 1,000 people screened. (Maine CDC is not aware of any such facilities at this time.)
- If HIV testing is negative and the pregnant person has ongoing risk of exposure to HIV, [initiation of HIV pre-exposure prophylaxis \(PrEP\)](#) is recommended.
- Any pregnant person whose HIV status is undocumented at the time of labor should be screened with a rapid HIV test. If the birthing person's HIV status is still unknown at the time of delivery, they should be screened immediately postpartum with a rapid HIV test.

Care for Infants with Perinatal HIV Exposure

- Per Maine law, a clinician who is providing care for a newborn should test the infant for HIV within 48 hours of birth if the HIV status of the birthing person is not known.
- Newborns perinatally exposed to HIV should receive [antiretroviral therapy \(ARV\) drugs](#) as soon as possible, ideally within 6 hours after delivery.
- Nucleic acid tests are required to diagnose HIV infection in infants <18 months old.
- Clinicians should discuss infant feeding plans, breastfeeding/chestfeeding, and the use of pre-masticated (pre-chewed or pre-warmed) food. Persons living with HIV should be counseled against pre-mastication and a discussion of [safe infant feeding options](#) should be provided.

HIV Testing for Persons with Ongoing Risk

- U.S. CDC recommends HIV testing at least once for everyone between 13–64 years old.
- U.S. CDC recommends HIV testing at least once per year for people with risk factors:
 - Men who have sex with men
 - People who have had anal or vaginal sex with someone living with HIV
 - People who have had more than one sex partner since their last HIV test
 - People who have shared syringes, needles, or other injection drug equipment
 - People who have exchanged sex for drugs or money
 - People who have been diagnosed with or treated for another sexually transmitted infection (STI)
 - People who have been diagnosed with or treated for hepatitis or tuberculosis (TB)
 - People who have had sex with anyone with the above risk factors or anyone whose sexual history they don't know
- Maine CDC currently recommends HIV testing at least *every three months* for persons with ongoing risk factors. This [interim recommendation](#) is related to the HIV cluster recently identified in Penobscot County.
- When testing for HIV, include testing for other STIs (including chlamydia, gonorrhea, and syphilis) and viral hepatitis (hepatitis B and hepatitis C).
- When treating PWID for conditions related to drug use, such as wound care or overdose, offer testing for HIV and HCV, which can be transmitted via a contaminated needle.

Additional Resources

- [Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings \(2006\)](#)
- [Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States](#)
- [Management of Infants Born to People with HIV Infection](#)
- [National Clinician Consultation Center](#)
- [Maine CDC Infectious Disease Prevention Program](#)
- [Maine CDC Health Advisory: HIV Cluster Update and Prevention, Testing, and Treatment Recommendations \(April 19, 2024\)](#)