Hotline Helps Providers Navigate Perinatal HIV

BY SHERRY BOSCHERT
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The national Perinatal HIV Hotline has fielded hundreds of calls for advice over the past 2 years. Its directors anticipate getting much busier as more labor and delivery services begin offering rapid HIV testing.

There's no nationwide mandate for universal prenatal HIV testing, but it's very strongly recommended by the Centers for Disease Control and Prevention, the American College of Obstetricians and Gynecologists, and the Institutes of Medicine.

"The burden is on the provider to offer it. I can tell you that there are plenty of providers who still do not offer routine HIV testing, even though it's been found to be cost effective," said Dr. Deborah Cohan, an obstetrician at San Francisco General Hospital and codirector of the hotline. "We know that only offering HIV testing to so-called high-risk patients misses a lot of HIV-infected women."

In 2000, more than a third of HIV-positive neonates in the United States were born to women who did not know their HIV status until after delivery. "That's totally unacceptable," she said.

Ideally, every pregnant woman would get prenatal care including HIV testing. At her institution, though, 12% of women in labor have had no prenatal care, making rapid HIV testing the last resort for HIV management before delivery. Dr. Cohan looks forward to more clinicians offering rapid HIV testing and calling the Perinatal HIV Hotline for help in interpreting the result or making management decisions.

SHANNON WEBER/PERINATAL HOTLINE

Family physician Jessica Folger (left) expects to get more hotline calls once rapid testing becomes available.

Officially called the National Perinatal HIV Consultation and Referral Service, the hotline started taking calls on Labor Day of 2004. Staffers provide free advice and assistance to clinicians every day of the year and around the clock, because labor can happen at any hour.

The requests for help come from a variety of specialties, including the following:

► A family physician facing her first HIV-positive pregnant patient needed assurance about her treatment plan.

► An urban obstetrician sought help in finding the best program to care for a monolingual Spanish-speaking patient who was pregnant and HIV positive.

► A rural midwife and the obstetrician with whom she practices hoped to comanage an HIV-positive pregnant patient with an HIV specialist but didn't know where to find a specialist in their area.

► A nurse wanted help in planning a training session for rural pediatricians on the care of newborns exposed to HIV.

The hotline handles around 30 calls per month but is capable of handling four or five times as many, said Dr. Jessica Fogler, a family physician at San Francisco General Hospital and codirector of the hotline.

"I think our numbers will pick up when rapid testing becomes more available," she added. "A lot of people who are inexperienced are going to be sitting there with a positive test on their hands."

The U.S. Health Resources and Services Administration's National HIV/AIDS Clinicians' Consultation Center at the hospital runs the Perinatal HIV Hotline and two other telephone help lines for clinicians managing nonpregnant patients with HIV or health care workers who are exposed to HIV or hepatitis B or C.

More than half of calls to the Perinatal HIV Hotline relate to prepartum pregnant women and are fairly evenly divided among the trimesters, records from a 15-month period suggest. Around 5% of calls involve women in labor. Advice includes counseling on HIV treatment of the neonate and postpartum maternal HIV treatment. The hotline also offers advice related to contraception or preconception counseling for HIV-positive women or for HIV-negative women whose sexual partners have HIV.

More than half of callers have MD or DO degrees and are almost evenly represented by obstetricians, family physicians, and infectious disease specialists. Internists, pediatricians, and nurses each make up about 8%-13% of callers.

The hotline's referral service, run by social worker Shannon Weber, maintains a list of clinicians in every state with experience managing HIV who are willing to accept or to comanage infected pregnant patients.

One patient, for example, had started antiretroviral therapy in her third trimester and developed an abacavir hypersensitivity reaction, prompting her health care provider to call for advice. Hotline staffers recommended stopping the medication.

The patient decided at week 34 of pregnancy to move from California to Atlanta. The hotline's referral service helped find her a new doctor there and facilitated communications before the woman got on the bus to move. "She's getting good care," Ms. Weber said.

More and more calls to the hotline concern women who have been heavily pretreated with antiretroviral medications and now have multidrug-resistant HIV. These patients are "quite complex to manage in pregnancy," Dr. Cohan said.

Their numbers include women whose mothers had HIV and who were infected at birth. They now are in their late teens and 20s and are pregnant themselves. "They've taken basically every antiretroviral ever produced, and they have very complex virus to help manage," she added.

Dr. Cohan expects to soon get more calls like a recent one she fielded regarding a woman who was 36 weeks pregnant with severe, worsening preeclampsia. For some reason, she hadn't been tested for HIV until late in pregnancy, even though her partner had HIV.

Her obstetricians had ordered the standard HIV diagnostic tests, an enzyme-linked immunosorbent assay (ELISA), which came back positive, and a Western blot, with results still pending, leaving her diagnosis unconfirmed. Now they needed to deliver her immediately because of the preeclampsia.

"The question was, what to do for this woman who likely had HIV but no confirmatory diagnosis, which is kind of analogous to getting a positive rapid HIV test," Dr. Cohan said.

Luckily, the hotline was there to help, as it will be when more providers begin using rapid HIV tests.

Operators are standing by. ■

Who to Call

► **Perinatal HIV Hotline:** 888-448-8765. Advice offered 24/7 on treating HIV-infected pregnant women and their infants, HIV testing in pregnancy, and more.

► **PEPline (National Clinicians' Postexposure Prophylaxis Hotline):** 888-448-4911. Advice offered 24/7 for health care workers exposed to HIV, hepatitis B, and hepatitis C.

► **HIV/AIDS Warmline:** 800-933-3413. Advice on managing nonpregnant patients with HIV or AIDS offered weekdays from 8 a.m. to 8 p.m. EST.

Where to Find Information

► Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1 Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States, dated July 6, 2006: www.aidsinfo.nih.gov/guidelines/GuidelineDetail.aspx?Menuitem=Guidelines7Search=Off&GuidelineID=9&ClassID=2.

► A sample script and consent form from the Centers for Disease Control and Prevention for informing women in labor who have unknown HIV status about rapid HIV testing: www.cdc.gov/hiv/rapid_testing/rt-appendix_b.htm.

► A 2004 overview of state requirements on HIV testing in pregnancy by the Kaiser Family Foundation: www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=compare&category=Women%27s+Health&link_category=HIV%2fAIDS&link_subcategory=HIV+Testing&link_topic=HIV+Testing+for+Mothers+and+Newborns.

Tuberculosis Prevention Should Be at the Core of All HIV Care

HIV/AIDS health workers need to accelerate efforts to prevent HIV patients from contracting tuberculosis and treat those who do, top public health officials said.

Speaking at the 16th International AIDS Conference in Toronto, leaders of the World Health Organization and International AIDS Society said a quarter of a million people with HIV die from tuberculosis every year, even though many of those deaths are preventable.

People with HIV are more vulnerable to tuberculosis than those without HIV, even if under treatment using antiretroviral therapy. More than one-third of all people infected with HIV also are infected with tuberculosis bacillus, Dr. Helene Gayle, the International AIDS Society president, said in a written statement. HIV infections number about 38.6 million worldwide.

"TB prevention, diagnostic, and treatment services must become core functions of all HIV services," Dr. Kevin De Cock, WHO's HIV director, said in the statement. "TB can be treated and cured, so most of these deaths are absolutely preventable. HIV policy makers, health ministers, and health workers all have a vital role in making sure that deaths from TB are reduced."

The officials touted a study in Rio de Janeiro, Brazil, that is seeking to reduce the prevalence of tuberculosis in 15,000 patients who are seeking treatment at 29 HIV clinics. Although antiretroviral treatment can reduce the risk of contracting tuberculosis, the study aims to find out whether a comprehensive policy of screening and treatment latent tuberculosis can reduce tuberculosis incidence by an expected 60%, which would prevent 1,670 cases of tuberculosis per 100,000.

—Jonathan Gardner