Dear Colleagues,

The prevention of maternal-fetal transmission of HIV is possible in more than 98% of perinatal exposures. Timely determination of HIV status is of paramount importance. The Centers for Disease Control and Prevention (CDC) recommends HIV testing as early in the pregnancy as possible with repeat in the third trimester. For women whose HIV status is unknown during labor and delivery, expedited HIV testing provides the opportunity to reduce transmission even among women who do not seek care until labor begins.

Both the CDC and the US Department of Health and Human Services recommend that any facility with maternity services and/or a neonatal intensive care should be able to perform expedited testing when HIV status is unknown at the time of labor and delivery, with testing availability on a 24-hour basis and with results within one hour (see Resources below).

HIV rapid screening testing can be performed by using an HIV antigen/antibody test (also known as 4th generation HIV test). Negative screening test is generally reassuring, whereas positive test requires confirmation. However, when positive HIV screening test is encountered, it must be
presumed to be true positive until proven otherwise. If screening test is positive, consultation with pediatric/perinatal HIV experts is strongly encouraged.

If maternal HIV status cannot be determined through expedited testing prior to delivery, then HIV exposure in the infant cannot be ruled out and may result in the unnecessary initiation of anti-retroviral prophylaxis on the infant (adverse effects can be hematologic, cardiovascular, and metabolic, among others). Since anti-retroviral medications for high-risk infants are often not stocked in local hospitals, initiation of such prophylaxis can be substantially delayed, increasing the risk of transmission of HIV if the mother is in fact infected.

In Mississippi maternal-fetal transmission of HIV has not occurred for more than eight years, but continued success requires vigilance and collaboration between the Mississippi State Department of Health (MSDH), the University of Mississippi Medical Center (UMMC) pediatric/perinatal HIV experts and healthcare providers and facilities throughout the state.

For UMMC pediatric/perinatal HIV consultation call 601-815-1119. You may also direct questions to the Mississippi State Department of Health Office of STD/HIV at 601-576-7723.

Resources:
- US Department of Health and Human Services “Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States”
- CDC “HIV Testing for Pregnant Women and Newborns”

Regards,

Paul Byers, MD
State Epidemiologist
Alerting Message Specification Settings

Originating Agency: Mississippi State Department of Health
Alerting Program: MSDH Medical Advisory
Message Identifier: MSHAN-20190325-00145-ADV
Program (HAN) Type: Medical Advisory
Status (Type): Actual ()
Message Type: Alert
Reference: MSHAN-00145
Severity: Unknown
Acknowledgement: No
Sensitive: Not Sensitive
Message Expiration: Undetermined
Urgency: Undetermined
Delivery Time: 600 minutes

Definition of Alerting Vocabulary and Message Specification Settings

Originating Agency: A unique identifier for the agency originating the alert.
Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.
Message Identifier: A unique alert identifier that is generated upon alert activation (MSHAN-yyyymmdd-hhmm-TTT (ALT=Health Alert, ADV=Health Advisory, UPD=Health Update, MSG/INFO=Message/Info Service)).
Program (HAN) Type: Categories of Health Alert Messages.
Health Alert: Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.
Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.
Health Info Service: Provides Message / Notification of general public health information; unlikely to require immediate action.
Status (Type):
- Actual: Communication or alert refers to a live event
- Exercise: Designated recipients must respond to the communication or alert
- Test: Communication or alert is related to a technical, system test and should be disregarded
Message Type:
Alert: Indicates an original Alert
Update: Indicates prior alert has been Updated and/or superseded
Cancel: Indicates prior alert has been cancelled
Error: Indicates prior alert has been retracted

Reference: For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

Severity:
Extreme: Extraordinary threat to life or property
Severe: Significant threat to life or property
Moderate: Possible threat to life or property
Minor: Minimal threat to life or property
Unknown: Unknown threat to life or property

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

Sensitive:
Sensitive: Indicates the alert contains sensitive content
Not Sensitive: Indicates non-sensitive content

Message Expiration: Undetermined.

Urgency: Undetermined. Responsive action should be taken immediately.

Delivery Time: Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).