Making the Call to Improve Pregnancy Outcomes: A Focus on Tobacco Cessation Quitlines and HIV Hotlines:

The National Perinatal HIV Hotline

AMCHP Annual Meeting

March 9, 2010

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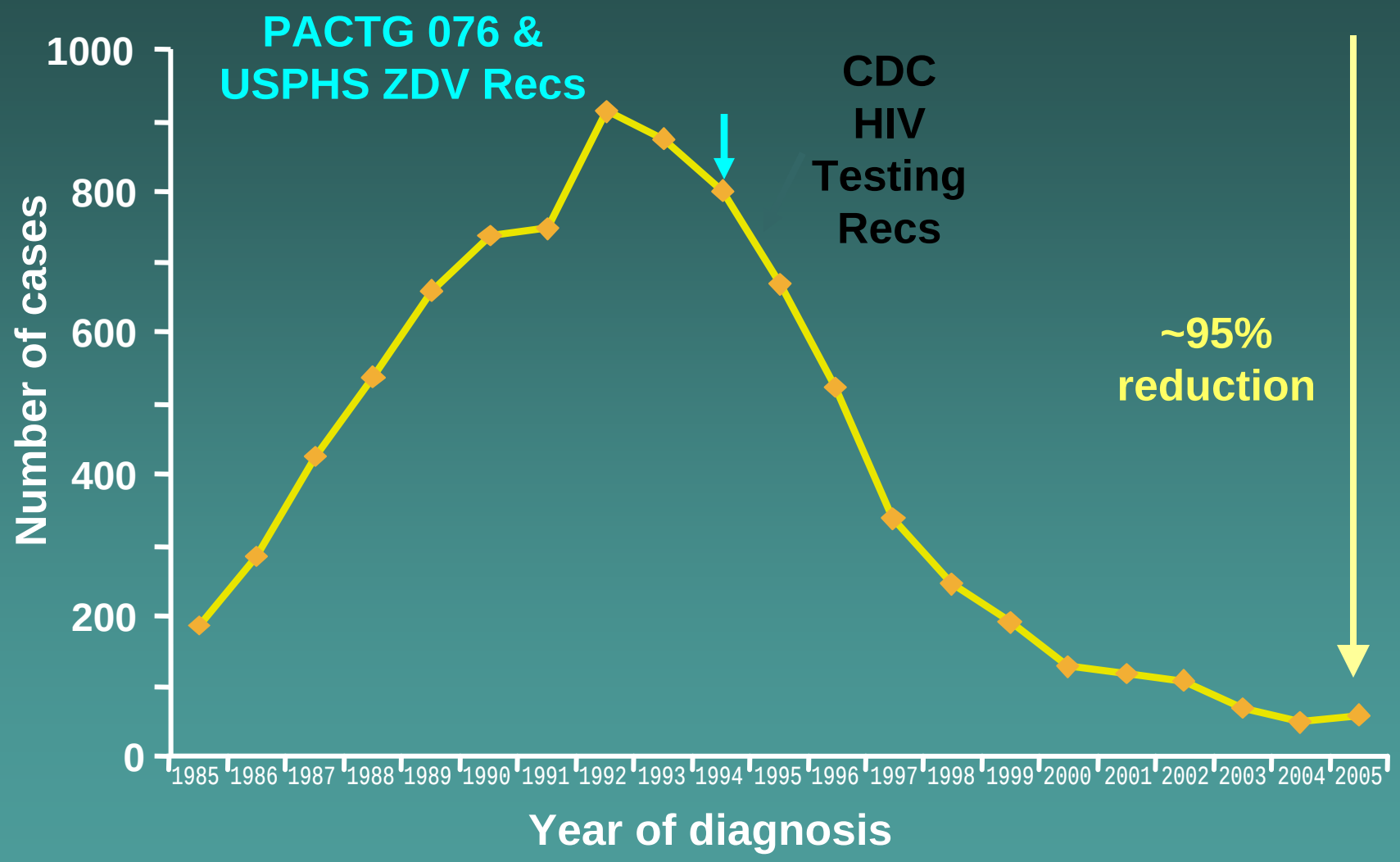
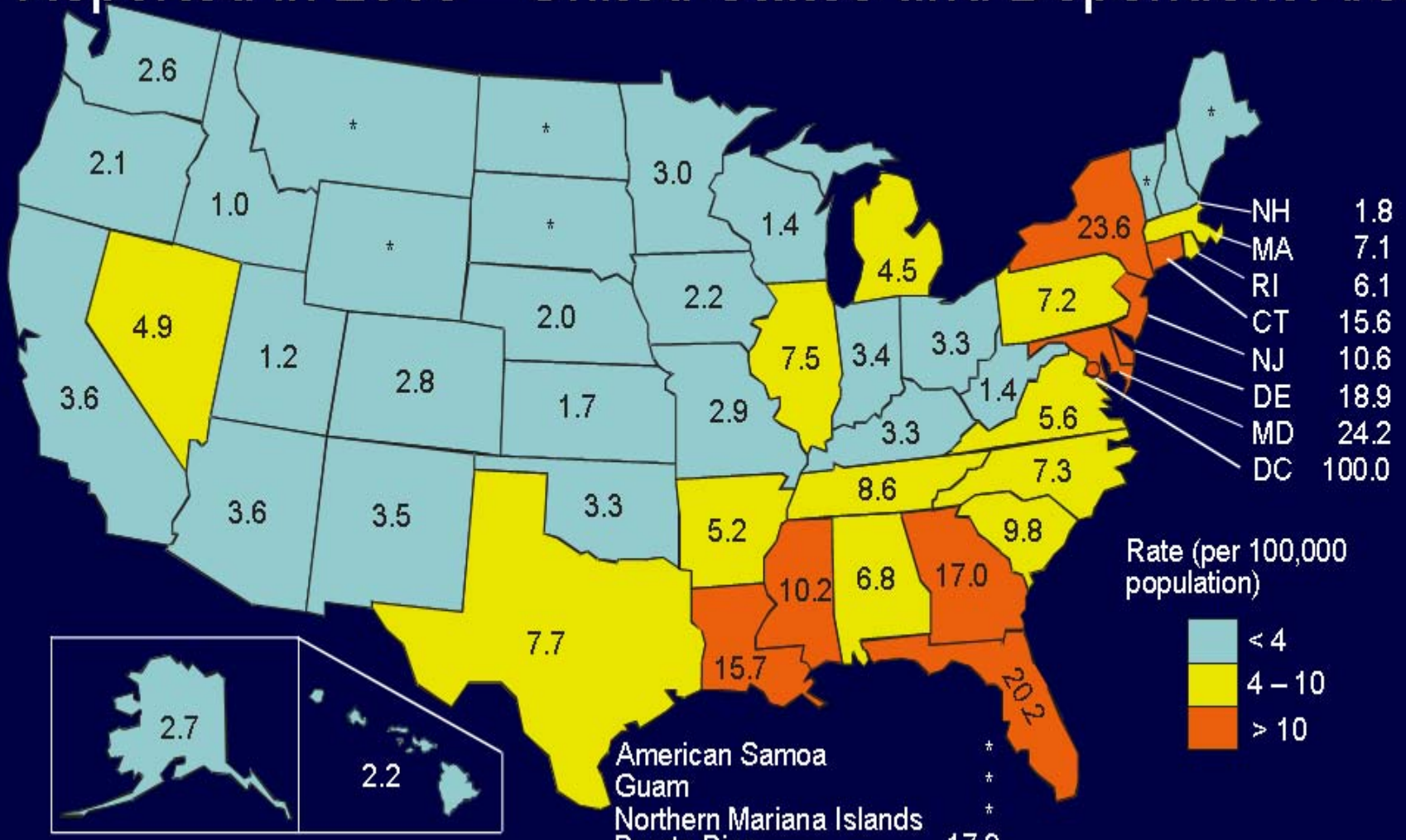
National HIV/AIDS Clinicians' Consultation Center

Estimated Number of Perinatally Acquired AIDS Cases, by Year of Diagnosis, 1985-2005 – United States

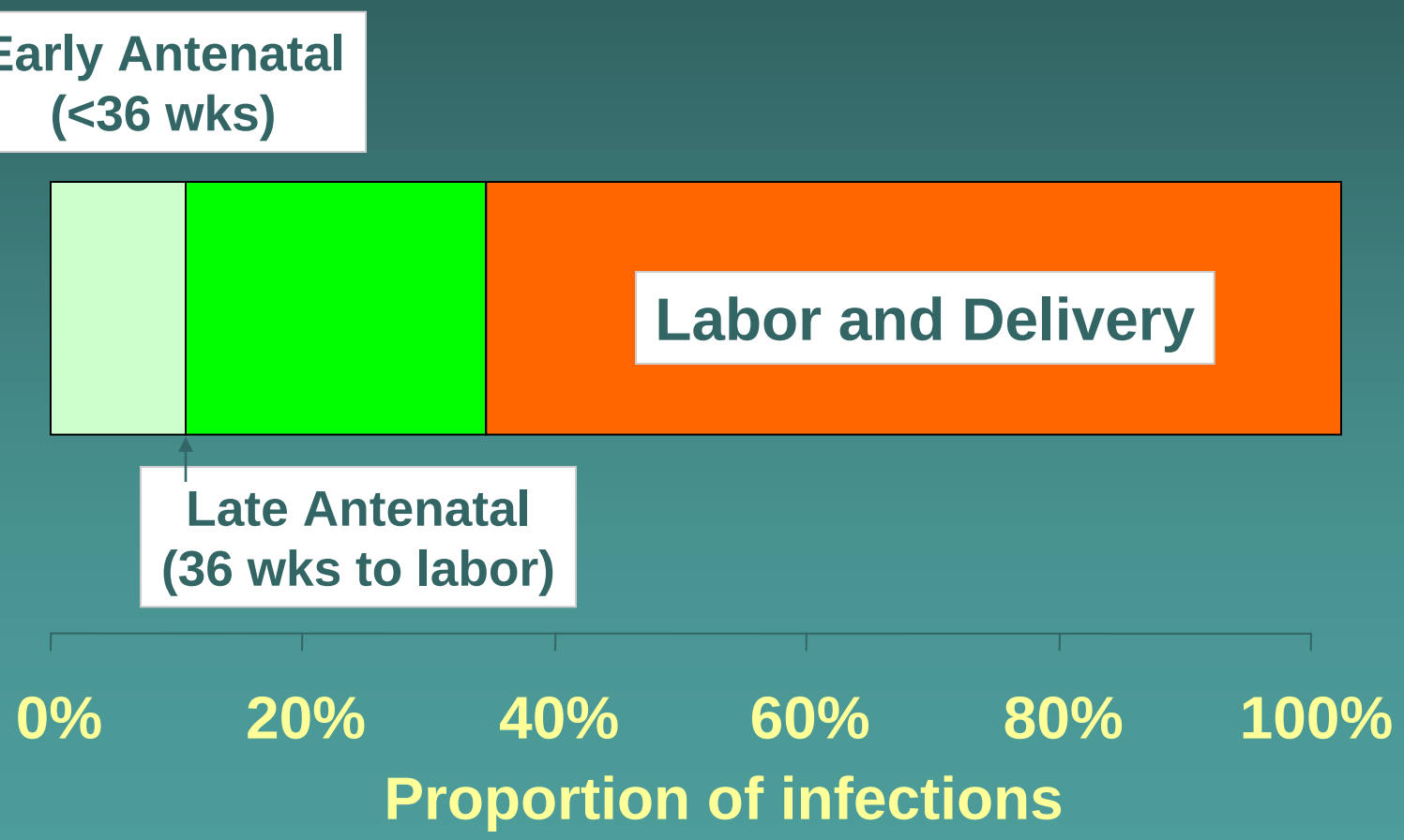


AIDS Rates for Female Adults and Adolescents Reported in 2005—United States and Dependent Areas



* Rates were not calculated for areas reporting fewer than 5 AIDS cases in females in 2005.

Timing of Mother-to-Child HIV Transmission (formula)



Slide Credit: L Mofenson

Chain of Events Leading to an HIV-infected Child

The proportion of women . . .

- **Who are HIV-infected**
  - **Who become pregnant**
    - **Who do not seek prenatal care**
      - **Who are not offered HIV testing**
        - **Who refuse testing**
          - **Who are not offered ARV prophylaxis**
            - **Who refuse ARV prophylaxis**
              - **Who do not complete ARV prophylaxis**
                - **Whose infant does not receive ARV prophylaxis**
                - **Whose child is infected despite prophylaxis**

Adapted from IOM, 1998

Perinatal HIV Hotline and Clinicians Network

Our mission is to eliminate perinatal HIV transmission by supporting clinicians through two key services:

The National Perinatal HIV Hotline

Direct access to experts for personalized consultation about HIV-infected women and their infants. Free and available 24-hours day.

The National Perinatal HIV Clinicians Network

Referrals to local perinatal HIV experts for consultation, co-management or transfer of care.

1-888-448-8765

National HIV/AIDS Clinicians' Consultation Center

UCSF – San Francisco General Hospital

Warmline (800) 933 - 3413

National HIV Telephone Consultation Service

Consultation on all aspects of HIV testing and clinical care

PEPline (888) 448 - 4911

National Clinicians' Post-Exposure Prophylaxis Hotline

Recommendations on managing occupational exposures to HIV and hepatitis B & C

Perinatal HIV Hotline (888) 448 - 8765

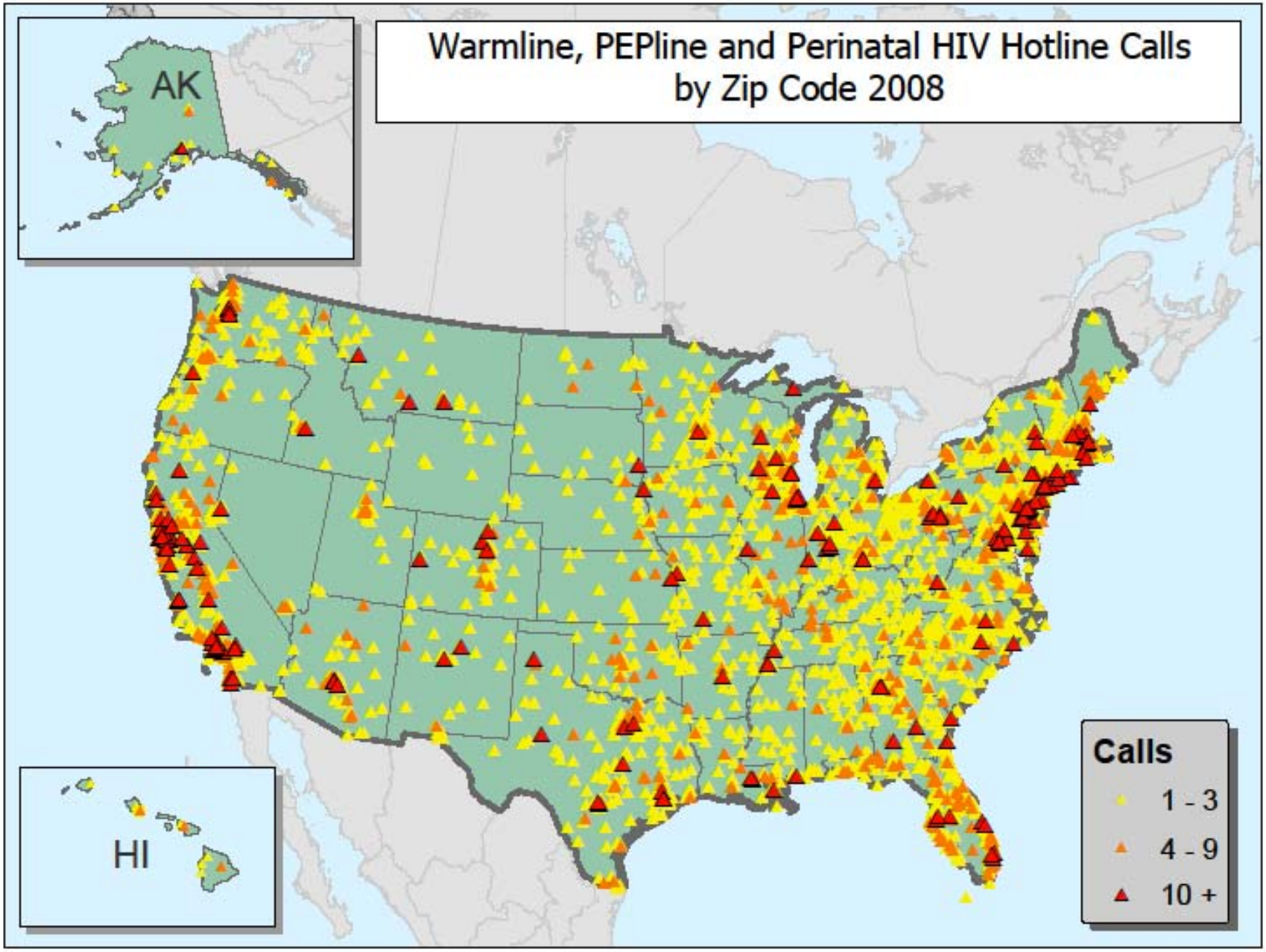
National Perinatal HIV Consultation & Referral Service

Advice on testing and care of HIV-infected pregnant women and their infants

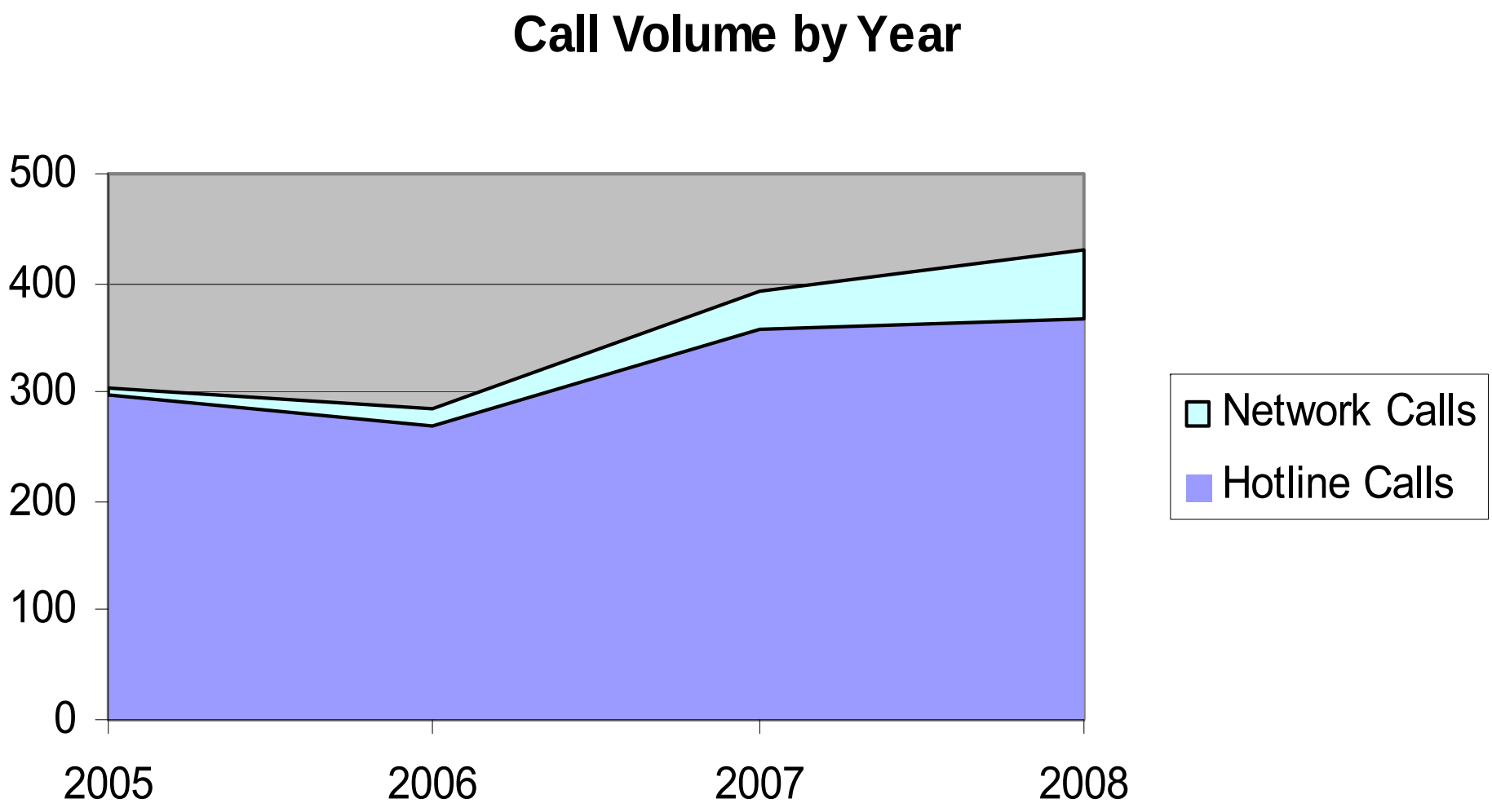
Referral to HIV specialists and regional resources

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau
& Centers for Disease Control and Prevention (CDC)

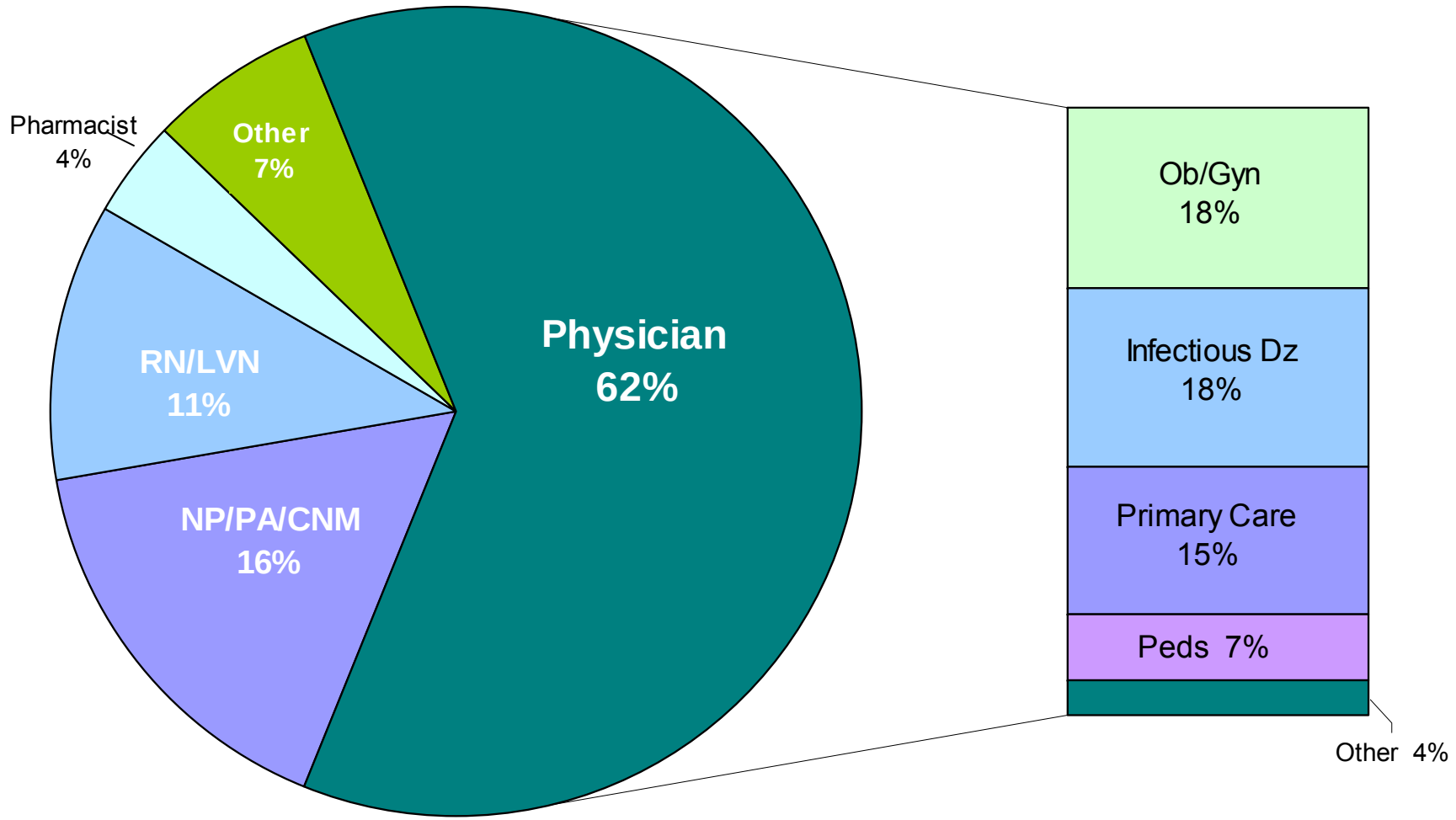
www.nccc.ucsf.edu


Warmline, PEPline and Perinatal HIV Hotline Calls
by Zip Code 2008
AK
HI
Calls
1 - 3
4 - 9
10 +

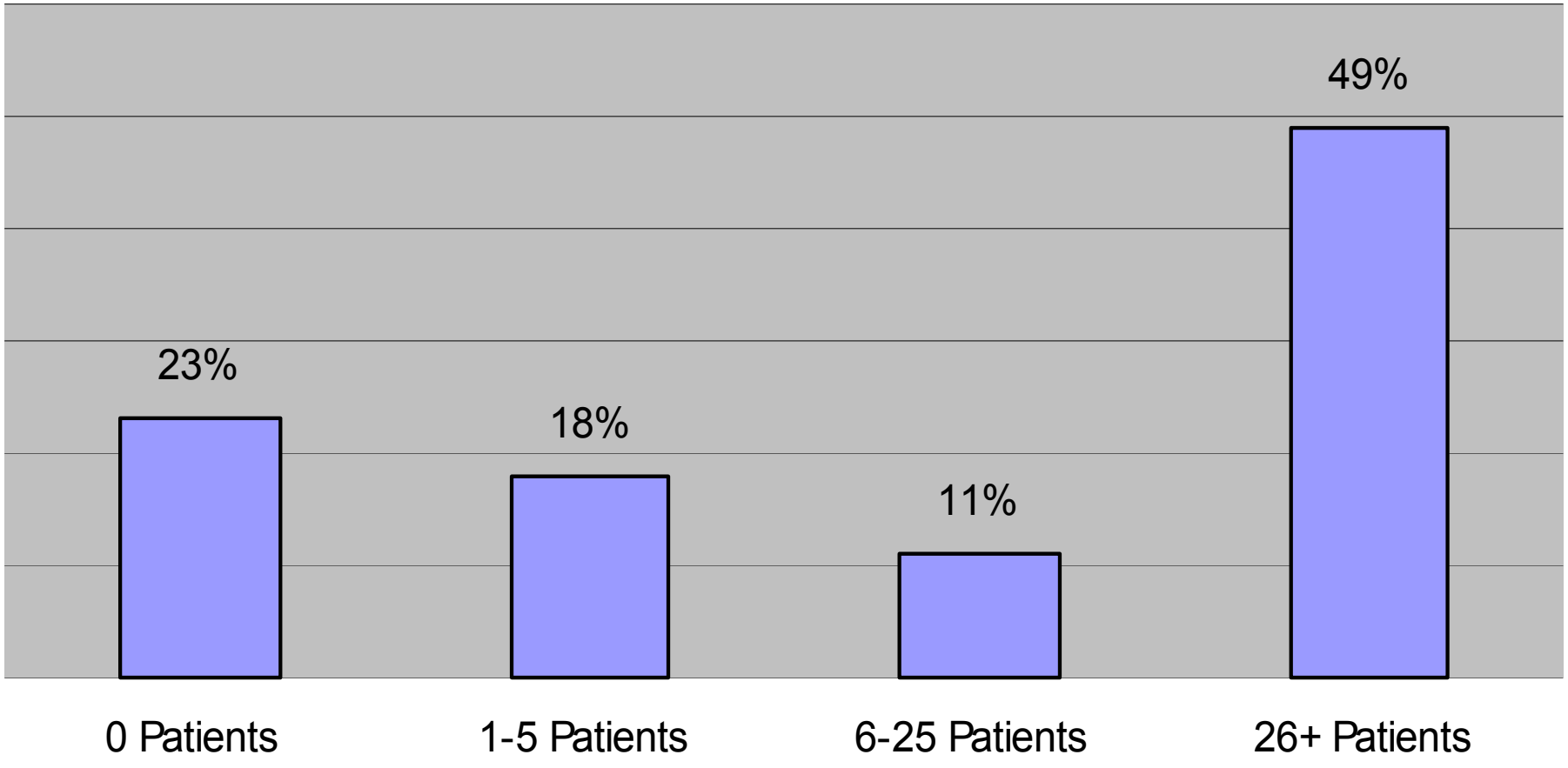
Perinatal HIV Hotline: Volume



Perinatal HIV Hotline Callers: Profession



Perinatal HIV Hotline Callers: HIV + Patient Load



Sample Call 1

Perinatal Hotline Call ID#4377

Question: Which ARVs in this pregnant woman?

Patient is 24 weeks pregnant and was diagnosed with HIV during this pregnancy.

Initially started on AZT with viral load drop from 38k to 11k.

3TC was then added with viral load down to undetectable.

Therapy stopped 2 weeks ago due to severe anemia from AZT requiring transfusion.

The patient needs to restart ARVs. What is suggested?

Sample Call 1

Answer:

Generally want pregnant patients on fully suppressive triple combination therapy. Rarely use mono or dual therapy these days.
Always best to have AZT as part of the regimen unless serious maternal toxicity (as in this case).
Could use something like 3TC, tenofovir, Kaletra.

Perinatal HIV Clinicians Network

- National directory of perinatal HIV experts
- Connect clinicians with local perinatal HIV consultants
- Providers are available for
  - one-time consultation
  - co-management
  - accept complete transfer of care

- The Perinatal HIV Clinicians Network Coordinator provides follow-up support to ensuring that each patient receives the best quality care available.

Engaging patients in the best possible care

A newly HIV-diagnosed pregnant woman

A family physician in an isolated area called regarding one of his HIV+ patients who had just become pregnant. The nearest perinatal HIV program was several hours away by airplane. The Network Coordinator helped the caller locate a local midwife interested in the case and set up co-management between the two providers. A Perinatal HIV Hotline consultant worked with the team to ensure that state-of-the-art care was provided for the woman.

NCCC :: National HIV/AIDS Clinicians' Consultation Center - Windows Internet Explorer

http://www.nccc.ucsf.edu/StateLaws/Index.html

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The Warmline, PEPline, and Perinatal Hotline are part of the National HIV/AIDS Clinicians' Consultation Center (NCCC) based at San Francisco General Hospital/ UCSF. The NCCC is a component of the **AIDS Education and Training Centers (AETC) Program** funded by the Ryan White CARE Act of the **Health Resources and Services Administration (HRSA)** HIV/AIDS Bureau in partnership with the **Centers for Disease Control and Prevention (CDC)**.

Contents

About the Compendium

Definitions and Helpful Resources

Quick Reference Guide

Perinatal Quick Reference Guide

Individual States - Click map →

Puerto Rico

Dates of Revision

Pending Legislation

Guidelines

CDC 2006 HIV Testing Recommendations

CDC Testing Home Page

Links

Health Resources and Services Administration (HRSA)

Centers for Disease Control and Prevention (CDC)

UCSF

Tools

Adobe Acrobat Reader

Map

Back to Top ▲

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Making the Call to Improve Pregnancy Outcomes: A Focus on Tobacco Cessation Quitlines and HIV Hotlines:

The 24/7 Illinois Perinatal HIV Hotline

AMCHP Annual Meeting March 9, 2010

Laurie Ayala, MPH
layala@nmh.org

HIV in Illinois

HIV seroprevalence in Illinois is 1/1000

Higher seroprevalence has been noted in:

- Chicago 3/1000
- Cook County 2/1000
- East St. Louis area 2/1000

24/7 Illinois Perinatal HIV Hotline

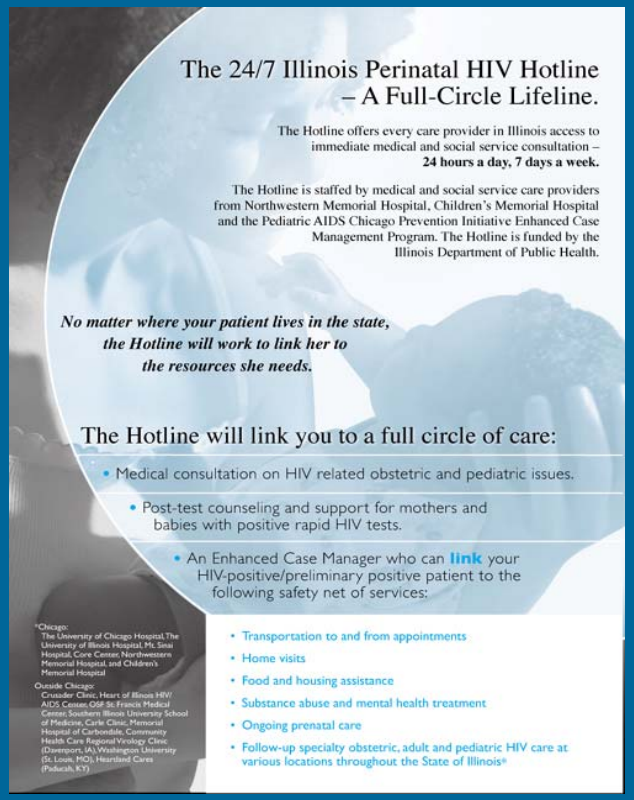
- A state-wide resource for medical and social service providers caring for HIV-positive pregnant women
- The only state-level perinatal HIV hotline in the country

Our Services

Provide real-time medical information on HIV related obstetric and pediatric issues.

Link HIV-positive mothers and infants to medical care and case management during and after pregnancy.

Act as a reporting mechanism for state of IL for positive rapid HIV tests in labor and delivery units and provide post-test counseling and linkage to care for mothers and exposed infants with positive rapid tests.



Illinois Model: The Safety Net of Prevention

24/7 Perinatal HIV Hotline

Perinatal Rapid HIV Testing Initiative

Enhanced Perinatal HIV Case Management

Development of Safety Net

2000: The Pediatric AIDS Chicago Prevention Initiative-PACPI (501c3) was created to help eradicate mother-to-child transmission of HIV in Chicago

2002: PACPI began offering enhanced perinatal HIV case management for the highest risk pregnant HIV-infected women

2003: The Perinatal Rapid HIV Testing Implementation Initiative (PRTII) was created to identify HIV-infected women who presented late in pregnancy through rapid HIV testing in all labor and delivery units in IL

2003: The **24/7 Perinatal HIV Hotline** was created to link hard-to-reach women in the Chicagoland area to care and to provide real-time medical consultation on HIV-related obstetric and pediatric issues

2005: The **24/7 Perinatal HIV Hotline** received funding from IL Dept of Public Health to expand statewide

The 3 programs work collaboratively with funding from the state to comprise the safety net of perinatal HIV prevention in IL

Illinois Perinatal HIV Hotline | Pregnancy and HIV, Treatment Guidelines, Rapid HIV Testing, HI - Windows Internet Explorer pro

http://www.hivpregnancyhotline.org/

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Illinois Perinatal HIV Hotline | Pregnancy and HIV, Tre...

Illinois Perinatal HIV Hotline

1-800-439-4079

Search Box

GO

› Medical Information

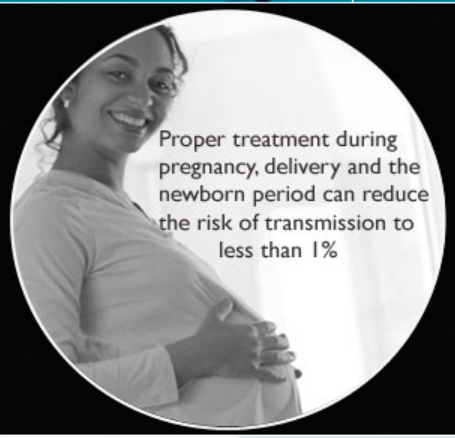
› Linking Patients to Care

› Rapid HIV Testing

- About The Hotline
- HIV Treatment Guidelines & Medical Information
- Rapid HIV Testing
- Enhanced Case Management
- Resource Center & Forms
- Information for Providers
- Pregnant & Positive
- Illinois Perinatal HIV Prevention Act
- Our Partners
- Contact Us
- Get Involved

Follow Us

For non-pregnancy related questions about HIV, please call **1-800-AID-AIDS**



The Hotline provides:

- Real-time medical information - to treat HIV-positive and preliminary positive pregnant women and exposed newborns ...more >
- Linkage to care for HIV-infected pregnant women - matching women with a dedicated case manager ...more >
- A reporting mechanism for positive rapid HIV tests - as mandated by the Illinois Department of Public Health ...more >

Next HIV Prenatal Class:

3/24/2010 - HIV Prenatal Classes for Pregnant HIV-positive Women

› Read more...

Recent Articles:

2/9/2010 - Factors Related to In-Utero HIV Mother to Child Transmission

Illness during pregnancy and bacterial vaginosis associated with in-utero transmission.

› Read more...

2/1/2010 - Factors Associated with MTCT of HIV Despite Optimal Conditions

Early and sustained control of viral load is associated with a decreasing risk of MTCT in patients for whom optimal conditions have been met.

› Read more...

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Updates:

2/5/2010 - Hotline Participates in the Society for Maternal-Fetal Medicine Annual Meeting

› Read more...

2/2/2010 - Dr. Patricia Garcia appointed to the Presidential Advisory Council on HIV/AIDS

› Read more...

› View All Updates

Perinatal Guidelines most recently updated April 29, 2009

Are you an Obstetric Health Care Provider?

Are you a Pediatric Health Care Provider?

Are you a Social Service Provider?

Are you a Pregnant Woman with HIV?

EDIT

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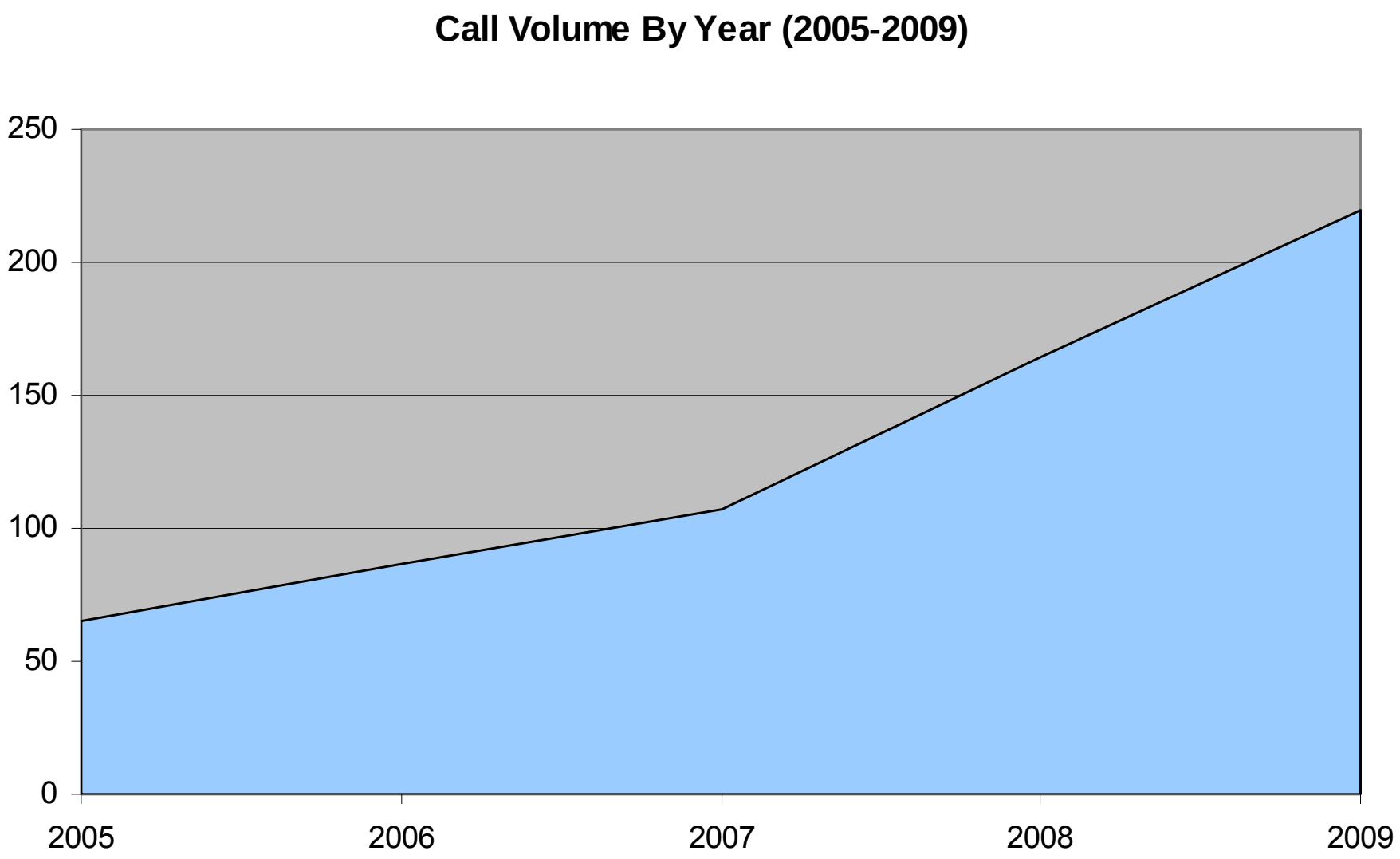
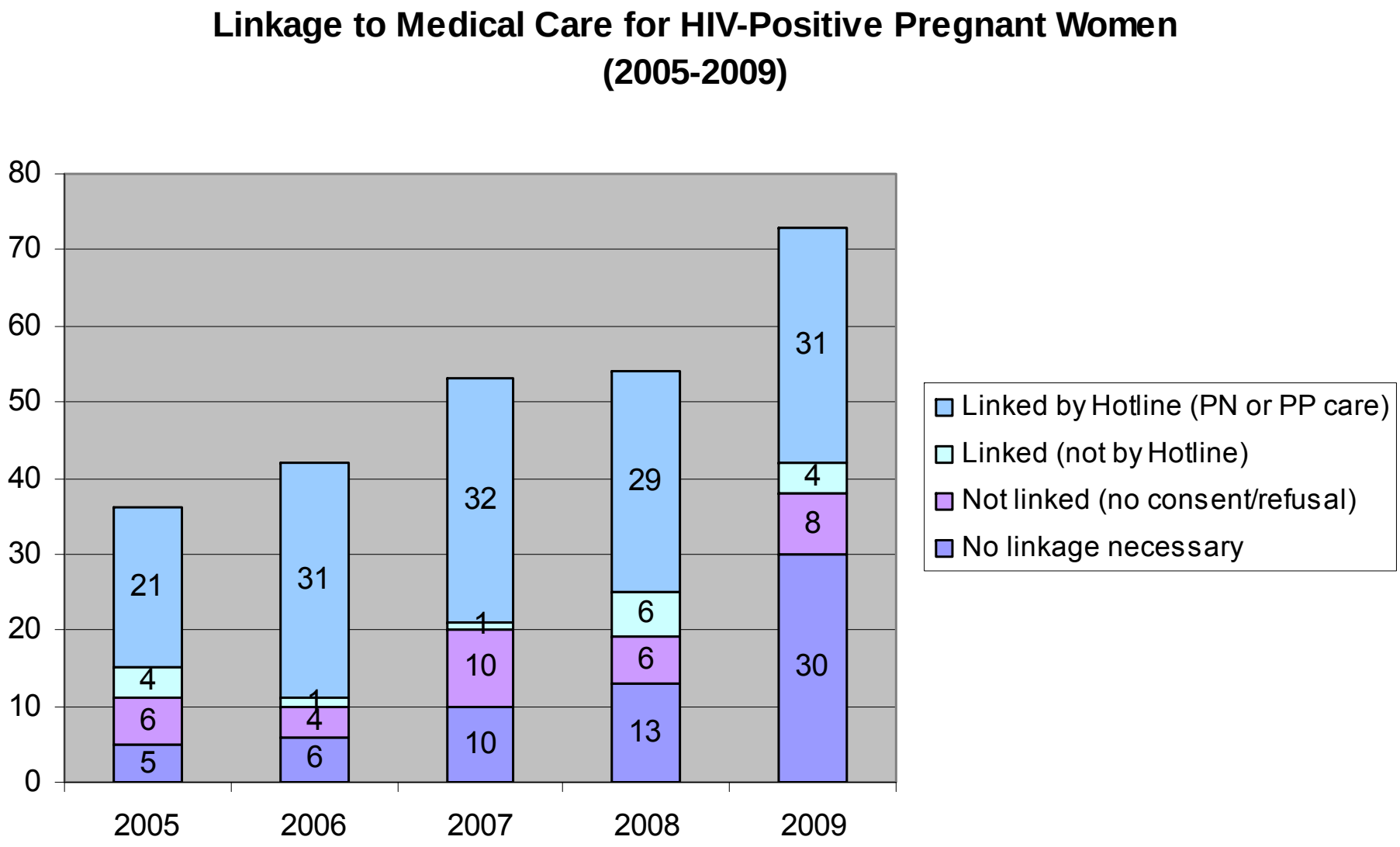
Call Volume by Year



Linkage to Medical Care



Case Summary

"Angela" was 32 weeks pregnant when she went to the hospital with abdominal pain. She came out with a positive rapid HIV test.

The hospital called the Hotline to report the test result.

What happened next?

Response & Outcome

- Hotline staff contacted Angela's obstetrician (with her consent) prior to her visit scheduled for that afternoon.
- OB was inexperienced in the care of HIV positive pregnant women and interested in the enhanced case management program.
- Hotline dispatched a case manager to meet with Angela and her doctor that afternoon to assist with post-test counseling.
- Angela was confirmed HIV positive.
- She was linked to a perinatal HIV center for integrated HIV/OB care
- With her case manager's support, she attended all her prenatal appointments.
- Angela gave birth to a healthy baby boy who is HIV negative.

Conclusions

A statewide 24/7 Hotline:

Is essential to perinatal HIV prevention in Illinois and is replicable to other states

Enables real-time reporting of rapidly tested and previously diagnosed HIV-positive pregnant women.

Offers a unique opportunity for surveillance, medical consultation, and linkage to medical care and social services