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EDITORIAL

Safe sex includes knowing your partner's HIV Status

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Prevention of perinatal (mother to child) transmission of human immunodeficiency virus (HIV) has been remarkably successful since the introduction of antiretroviral therapy (ART) during pregnancy, starting in the late 1990 s. As stated by Yee *et al.*,[1] transmission rates have dropped from 25% (prior to ART) to under 2% with ART. However, elimination of perinatal transmission has remained elusive. Yee *et al.*[1] address a clear gap in current medical practice, that is, knowing partner's HIV status.

Why does knowing partner status matter? Let me illustrate with a case.

An 18-year-old G2P1 at 25 weeks gestation was referred for newly diagnosed HIV and prenatal care in 2015. She had tested HIV negative at delivery in 2013. After receiving her HIV diagnosis, she notified the father of her unborn child about her HIV status; his status is unknown. She also notified the father of her 23-month-old who stated that he had HIV, but he did not disclose how long he had known about his positive HIV status. After his disclosure, the grandmother realized the 23-month-old had enlarged cervical lymph nodes and was eating poorly. She wondered if the child should be tested for HIV. The child was found to have HIV.

While breastfeeding her first child, this young woman contracted HIV from her partner and transmitted the infection to her infant. Had she known her partner's HIV status and disclosed the information to her obstetrician, she might have been advised (or known herself) to use barrier protection, to make sure he was in treatment and/or to take preexposure prophylaxis (PrEP) herself. PrEP has been demonstrated to be an effective tool in the armamentarium of HIV prevention, first investigated among men having sex with men and subsequently with heterosexual serodiscordant couples.[2,3] A fixed combination pill of tenofovir/emtricitabine (trade name Truvada) has been FDA-approved since 2012 for HIV-negative individuals at risk for HIV infection from partners.

Yee *et al.*[1] have provided evidence that, within their pregnant cohort, only 63% of women knew their partner had been ever tested, and even fewer, 21%, knew their partner had been tested in the past 6 months. The next challenge is: How do we achieve the goal of knowing partner HIV status? Although there is a fairly standard set of questions asked of every woman at a first prenatal visit, asking about partner HIV status is not one of them.[4] If we had a national campaign to encourage clinicians providing prenatal care to ask every woman: 'Do you know your partner's HIV status?' this question would open the door to partner testing and we would be ahead of where we are now.

Bringing a partner to the first prenatal visit and testing both members of the couple at the same time would be optimal. However, as the authors point out, this approach is often not practical because a partner may be unable to attend. They suggest future investigation of what approaches male partners would find acceptable (including home public health nursing visits, extended clinic hours and/or home self-testing). Also, obstetric providers would need to be educated about the need for partner testing before expecting them to encourage this approach. Cost of testing is also a concern. However, under the Affordable Care Act, '… most new health insurance plans must cover certain recommended preventive services—including HIV testing for everyone aged 15 to 65 and for people of other ages at increased risk—without additional cost-sharing, such as co-pays or deductibles'.[5] An alternate funding mechanism would be needed for the under/uninsured.

One other consideration is expanding the authors' suggestions beyond prenatal care to all primary care visits and asking all women whether they know their partner's HIV status. Another case: 24-year-old nonpregnant young woman knew her partner had HIV and just assumed she would eventually become infected, which she did. Had a clinician asked her about her partner's status and had the clinician known about PrEP, this infection might have been avoided.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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