

Voluntary HIV testing among pregnant women: Data from the European HIV Prevalence Database

Data on HIV testing among pregnant women and neonates in *Czechoslovakia*, *England* and *Wales*, *Finland*, *France*, *Italy*, *Norway*, *Scotland*, *Sweden* and *The Netherlands*, selected by the national AIDS representatives, have been recorded in the European HIV Prevalence Database. Methods for conducting HIV seroprevalence surveys differ by country.

The unlinked anonymous method is used among pregnant women in *France* and *England* and *Wales* and among neonates in *Italy*, *Scotland* and *England* and *Wales*.

In *Czechoslovakia*, *Finland*, *Norway*, *Sweden* and *The Netherlands* HIV testing among pregnant women is carried out on a voluntary basis after obtaining informed consent. Results provided to date are presented in Table 1.

Methods

Screening has been continuous since 1987 throughout *Norway* and *Sweden*, since 1988 in some regions of *Finland* (only the data concerning the city of Helsinki are presented in this report) and in *The Netherlands* (Amsterdam and region) and since 1989 in the whole of *Czechoslovakia*.

In *Czechoslovakia*, *Sweden* and *Finland*, the recruitment sites are gynaeco-obstetrical in/out-patient departments. In *The Netherlands* (Amsterdam and region), a progressive participation of hospitals and midwife practices is noted (1988: 3/13 hospitals; 1989: 12/13 hospitals and 17/21 midwife practices; 1990: all 13 hospitals and 18/21 midwife practices). A cross-sectional survey among women seeking abortion was also conducted in two abortion clinics in 1990. Testing in this study was performed after informed consent was given, but results were anonymous und unlinked.

In *Norway*, testing is offered by general practitioners.

Results

Since 1990, the results of HIV testing among pregnant women in *Czechoslovakia* have been provided separately for the *Czech* and *Slovak Republics*. Up to 1991, no woman was found to be HIV-

positive. The participation rates were not available. In *Norway*, the number of pregnant women tested per year remained approximately constant between 1988 and 1991 and the participation rate was over 98%. Since 1987, the overall HIV prevalence rate has been low and stable at around 0.05 per thousand.

In *Sweden*, the participation rate was 97% each year and since 1988 approximately 110 000 women have been tested each year. The HIV prevalence rate decreased between 1988 and 1989 (from 0.12/1000 to 0.05/1000) and, unlike in *Norway*, increased between 1989 and 1991 (from 0.05/1000 to 0.19/1000).

In *Finland* from 1988 to 1992, a yearly mean of 7400 women were tested in gynaeco-obstetrical in/out-patient departments in the city of Helsinki. Only two were found to be HIV-positive. The participation rate was close to 100% each year. This result is lower than that found in 1988, 1989 and 1990 in *the Amsterdam region*. In this area, the number of pregnant women tested increased each year since the beginning of the survey (2115 in first 6 months of 1988, 4812 in 1989 and 7823 in 1990) with a stable participation rate close to 92%. In 1990, the HIV prevalence among women seeking abortion in two abortion clinics was very much higher (5.56/1000) than among other pregnant women but the participation rate was lower (76.73%).

Conclusion

For surveillance purposes, unlinked anonymous surveys present outstanding advantages in that the study sites and the sample remain constant over time and the refusal rate is close to zero. Nevertheless, voluntary HIV testing constitutes an important part of the surveillance of HIV infection among pregnant women in Europe. Provided detailed information on study methods such as the extent of the study and the participation rate are available, trends can be analysed within one country and results can be used for between-country comparisons.

European centre for the
epidemiological monitoring of AIDS.
Hôpital national de Saint-Maurice, France.

Tab. 1. Results of voluntary HIV testing among pregnant women: Czechoslovakia, Finland, Norway, Sweden and The Netherlands - 1987-1992. European HIV Prevalence Database.

Country	Czechoslovakia	Finland	The Netherlands #	Norway	Sweden
<i>Methods</i>					
Study design:	Continuous	Continuous	1- Pregnant women Continuous 2- Women seeking abortion Cross sectional survey	Continuous	Continuous
Geographic coverage:	National	Helsinki	1 & 2- Amsterdam Region	National	National
Recruitment site:	Gynaeco-obst. in/outpatient	Gynaeco-obst. in/outpatient	1- Hospitals & midwife consultations 2- Abortion clinics	General practitioners	Gynaeco-obst. in/outpatient
Specimen tested:	Serum	Serum	1 & 2- Serum	Serum	Serum
<i>Results</i>					
			1- Pregnant women		
1987	HIV+/Tested N+/N	HIV+/Tested N+/N	HIV+/Tested N+/N	HIV+/Tested N+/N	HIV+/Tested N+/N
1988	-	0/8620	6/2115	1/24825	1/33224
1989	0/108691*	0/8580	5/4812	6/86620	12/101533
1990	0/111509** 0/91673 ^{oo}	0/16710	8/7823	4/86244	5/110736
1991	0/201781** 0/71624 ^{oo}	0/6534	-	5/87435	10/108890
1992	-	1/6626	-	3/85000~	21/110394
1990	-	0.15	0.15	2/67000~	-
			2- Women seeking abortion		
			4/719		
			5.56		
			76.73		

* Total N° tested for all Czechoslovakia.

** Czech Republic.

^{oo} Slovak Republic.

~ Denominator estimated.

Two studies: 1- Voluntary HIV testing among pregnant women;

2- Voluntary HIV testing among women seeking abortion with status of results unlinked anonymous.