

Guidelines for Testing and Reporting

Perinatal Human Immunodeficiency Virus (HIV), Hepatitis B and Syphilis

Physicians and other health care professionals providing medical treatment to pregnant women are required, at the time of initial prenatal screening and examination to test for **HIV, hepatitis B and syphilis**, unless the woman refuses to be tested or the physician deems the tests are medically inadvisable. (Per section 333.5123 of Michigan's Public Health Code, Act No. 368 of the Public Acts of 1978, as amended). Health care facilities should have written policies and procedures as well as standing orders in place to ensure that HIV, hepatitis B and syphilis testing and counseling are components of a health care facility's clinical pathways. Written informed consent is required for HIV testing. Written informed consent for HIV testing may be incorporated into a general consent form. Pregnant women should receive appropriate health education regarding prevention, transmission, access to clinical care, counseling and support services for HIV, hepatitis B and syphilis as a routine part of all prenatal care. Additionally, women who test positive for HIV should receive education on HIV transmission through breastfeeding and be advised not to breastfeed. For more information on perinatal HIV testing, contact the National Perinatal HIV Consultation and Referral Service 1-888-448-8765 or MATEC Michigan 313-962-2000 locally.

PRENATAL TESTING	HIV	HEPATITIS B	SYPHILIS
Women with NO available test result (Due to no prenatal care; no record of test result; refused testing; and women who present in the immediate postpartum period (24 hrs))	Test STAT with rapid or expedited point of care testing. Signed written informed consent for testing or signed declination of testing, if mom refuses testing, should be included in mom's medical record.	Test STAT	Test STAT
Women in third trimester of pregnancy (All women in their third trimester of pregnancy)	Test at 26-28 weeks gestation Testing all pregnant women at 26-28 weeks gestation, regardless of perceived risk and/or previous test result, is highly recommended.		
Women with negative test results who engage in behaviors that put them at high risk for infection (High risk behavioral factors: women who use illicit drugs, have a sexually transmitted disease (STD) during pregnancy, have multiple sex partners during pregnancy, have an infected partner or a partner who has any high risk behaviors)	Retest at 36 weeks gestation or at delivery Retest at 26-28 weeks gestation, <i>and again</i> at 36 weeks gestation or at delivery, regardless of previous test results. Women who test Elisa (EIA) positive must have a Western Blot test to confirm HIV status. Hospitals must have procedures in place to report the Western Blot test results and HIV status to all women they test.	Retest in third trimester or at delivery Test all pregnant women before 36 weeks gestation, or at delivery, regardless of previous test results.	Retest in third trimester or at delivery Test all pregnant women before 36 weeks gestation, or at delivery, regardless of previous test results.
Maternal Treatment	Offer the immediate initiation of appropriate antiretroviral prophylaxis, antepartum, intrapartum and/or at the onset of delivery on the basis of a reactive rapid or expedited HIV test result, without awaiting confirmation by Western Blot.	Women who are HBsAg-negative but are at high risk of acquiring HBV should consider getting the hepatitis B vaccine series.	Women who test positive for syphilis should receive penicillin.
Infant Treatment	For infants whose HIV exposure is unknown and who are in foster care, the person legally authorized to provide consent should be informed that rapid HIV testing is recommended for infants whose biological mothers have not been tested. HIV exposed infants should be started on (ZDV/AZT) prophylaxis, as close to the time of birth as possible, preferably within 6-12 hours of delivery. Postnatal infant antiretroviral prophylaxis is recommended with 6 weeks of ZDV/AZT. Hospitals must have mechanisms in place to: (1) provide ZDV/AZT in syrup form to HIV-exposed infants in-house and (2) ensure that ZDV/AZT syrup is available to the infant after discharge.	All infants should receive hepatitis B vaccine; infants exposed at birth should receive the hepatitis B vaccine and the hepatitis B immune globulin (HBIG) within 12 hours of birth.	Infants exposed to syphilis should be treated with penicillin shortly after birth.
Documentation	Testing, refusal to test, refusal to accept treatment, and a description of any required perinatal tests that were not performed for any reason, should be documented in the woman's medical record. All test results and treatment should be recorded in both the mom's and the baby's medical records, along with the date of testing, refusal, or result.		

HIV/AIDS, Hepatitis B and Syphilis Reporting: Women who test positive for HIV must be reported within **7 days**, hepatitis B and/or syphilis must be reported within **24 hours** of diagnosis or discovery to the local health department in the county in which the patient resides. (Per section 333.5111 of Michigan's Public Health Code, Act No. 368 of the Public Acts of 1978, as amended).

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