State of Michigan Guidelines to Reduce the Transmission of Perinatal HIV, Hepatitis B and Syphilis

Each year in the state of Michigan, newborns are perinatally infected with the human immunodeficiency virus (HIV). Newborns are also exposed to hepatitis B and syphilis. However, if the following guidelines based on Michigan's Public Health Code[1] and other recommendations from the Michigan Department of Community Health are followed, the incidence of perinatal transmission of HIV, hepatitis B and syphilis will be significantly reduced.

Clinical Pathways

A. HIV counseling and testing – along with hepatitis B and syphilis testing – should be components of a health care facility's clinical pathways. Attending and resident physicians, nurses, nurse practitioners, physician assistants, and any other health care worker providing services to pregnant women need to be trained on providing HIV counseling and testing, hepatitis B testing and syphilis testing, as Michigan's Public Health Code requires.

B. Health care facilities should have policies and procedures in place to ensure that the clinical pathways are being followed.

Prenatal Testing

A. Physicians providing medical treatment to pregnant women are required, at the time of initial examination to test for HIV, hepatitis B and syphilis. Pre and post-test HIV counseling and informed consent are mandatory. In essentially all HIV testing situations, pre and post-test HIV counseling are mandatory, and HIV testing is voluntary.

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[1] Section 333.5123 of Michigan's Public Health Code declares: "A physician or an individual otherwise authorized by law to provide medical treatment to a pregnant woman shall take or cause to be taken, at the time of the woman's initial examination, test specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing tests approved by the department for venereal disease (syphilis), HIV or an antibody to HIV, and for hepatitis B. If, when a woman presents at a health care facility to deliver an infant or for care in the immediate postpartum period having recently delivered an infant outside a health care facility, no record of results from the tests required by this subsection is readily available to the physician or individual otherwise authorized to provide care in such a setting, then the physician or individual otherwise authorized to provide care shall take or cause to be taken specimens of the woman and shall submit the specimens to a clinical laboratory approved by the department for the purpose of performing department approved tests for venereal disease (syphilis), for HIV or an antibody to HIV, and for hepatitis B. This subsection does not apply if, in the professional opinion of the physician or other person, the tests are medically inadvisable or the woman does not consent to be tested."

B. Exemptions for HIV testing include:
   1. The woman does not consent to the testing.
   2. The physician deems the test(s) medically inadvisable.

C. If a woman tests negative for HIV, hepatitis B and syphilis at the time of her initial examination, but continues to engage in behaviors that place her at risk for contracting HIV, hepatitis B and syphilis, she should be tested for hepatitis B and syphilis and be offered HIV counseling and testing in the third trimester, preferably before 36 weeks of gestation[2]; or at the time of delivery if there is not the opportunity to test the woman in the third trimester of pregnancy or if her HIV status is unknown to the labor and delivery provider.

D. If the patient has not received prenatal care or her test results are not available prior to admission for labor and delivery, then tests for HIV, hepatitis B and syphilis *must be* performed at delivery, keeping in mind the previously noted exemptions.

E. If a woman presents in the immediate postpartum period and there are no records of her test results available, then tests for HIV, hepatitis B and syphilis *must be* performed, keeping in mind the previously noted exemptions.

F. Documentation of testing, and/or refusal to test, should be made in the woman's medical record.

G. If the tests are not performed, the physician is required by law to document the reason(s) for not testing.

H. For additional information, contact your local health department.

HIV/AIDS, Hepatitis B and Syphilis Reporting

Section 333.5111 of Michigan's Public Health Code (Act No. 368 of the Public Acts of 1978, as amended) requires physicians and other health care professionals to report HIV, AIDS, hepatitis B and syphilis.[3] All reporting forms are available from the local health department and/or the Michigan Department of Community Health.

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[2] Centers for Disease Control and Prevention-Revised Recommendations for HIV Screening of Pregnant Women. MMWR 2001;50(RR19):59-86.

[3] Section 333.5111 of the Michigan's Public Health Code (Act No. 368 of the Public Acts of 1978, as amended) also requires genital chlamydia and gonorrhea to be reported to the local health department.

HIV/AIDS Reporting

A. All children perinatally exposed to HIV must be reported by name to the local health authorities on CDC's "Pediatric HIV/AIDS Confidential Case Report" form (50.42B)[4].

B. Individuals who test positive for HIV infection (repeatedly reactive ELISA and Western blot confirmed) must be promptly reported to local health authorities on the CDC's Pediatric (for persons <13 years of age at time of diagnosis) or "Adult HIV/AIDS Confidential Case Report" form - 50.42A (adult cases) or 50.42B (pediatric cases). If an adult patient requests to be reported anonymously [5], the report of HIV infection does not need to include the name, address, and phone number of the test subject if:

   1. The patient undergoes the test in a physician's private office or the office of a physician employed by or under contract to an HMO **and**
   2. The patient requests that this information not be included in the report. If making the report anonymously, the top section should be left blank.

C. All persons diagnosed with AIDS, even if already reported with HIV, must be promptly reported by name to the local health authorities on CDC's "Adult HIV/AIDS Confidential Case Report" form - 50.42A (adult cases) or 50.42B (pediatric cases).

D. For additional information, contact HIV/AIDS Surveillance Section (Garry Goza at 517-335-8165 or Eve Mokotoff at 313-876-4769).

Hepatitis B Reporting

A. Pregnant women who test positive for hepatitis B surface antigen (HBsAg) must be reported within 24 hours to the local health department in the county in which the patient resides.

B. Each time a dose of hepatitis B vaccine and hepatitis B immune globulin (HBIG) are administered to infants born to HBsAg-positive women the information should be reported to the Perinatal Hepatitis B Prevention Program by completing a "Hepatitis B Perinatal Case Report/Infant Contact" form (DCH-0973).

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[4] This arises from the Communicable Disease Reporting Requirements of physicians to report the unusual occurrence, outbreak, or epidemic of any disease, condition, or nosocomial infection.

[5] This applies to adult HIV reporting in the outpatient setting only. All AIDS reports and all HIV infection diagnosed in an inpatient setting must be reported with names and other identifying information.

1. All infants should receive the hepatitis B vaccine prior to discharge.
2. All infants born to HBsAg-positive women should receive both the hepatitis B vaccine and HBIG within 12 hours of birth.
3. Both hepatitis B vaccine and HBIG are available through the local or state health departments at no cost to the hospital.

C. For additional information, contact Pat Fineis at 517-335-9443 or at 800-964-4487. In southeast Michigan contact Sallie Pray at 313-456-4432.

Syphilis Reporting

A. Individuals who test positive for syphilis should be reported within 24 hours to local health authorities on the "Confidential Venereal Disease-Chlamydia Laboratory Report" form (DCH-0821).

B. A "Congenital Syphilis (CS) Case Investigation And Report" form (CDC 73.126) *must* be completed on all women that deliver with a reactive syphilis serology, and the form should be forwarded to the local health department.

C. For additional information, contact the STD Section at 517-241-0870.

HIV/AIDS Partner Counseling and Referral Services (PCRS)

Physicians are obligated to notify any known sexual or needle-sharing partner/s of someone with HIV about their possible exposure. Partner notification shall be confidential and conducted in the form of a direct one to one conversation between the physician and the known partner of the test subject. Physicians are encouraged to inform known partners of available HIV counseling and testing sites.

A. If the physician chooses not to inform known partner(s), or is unable to contact known partner(s) then the physician must notify the health department by either:

1. Checking the box on the HIV/AIDS case report form to indicate that the health department will notify partners. This form is required to be submitted to the local public health department on all HIV positive persons and persons with AIDS. (See HIV/AIDS Reporting above.)

OR

2. Referring the individual or his/her known partner(s) to the appropriate local public health department for partner notification services, using the "Confidential Request for Local Health Department Assistance For Partner Counseling & Referral Services" form (DCH-1221). The name, address, and telephone number of the infected individual and known partner(s) must be provided, if known.

B. In the case of a pregnant female:

If a physician is unable to contact a pregnant woman who has recently tested positive for HIV, in order to inform her of her test result, the physician should promptly communicate with the local health department Partner Counseling and Referral Services (PCRS). PCRS staff will attempt to locate and notify her of her HIV status, and refer her for follow-up services.

C. For additional information, contact Audrea Woodruff, Partner Counseling and Referral Services Coordinator at 313-456-4421.

Rev 07/15/03