

**Guidelines for Testing and Reporting
Perinatal Human Immunodeficiency Virus (HIV), Hepatitis B and Syphilis
For Prenatal Care (PNC), Labor and Delivery (L&D), and Emergency Department (ED) Medical Providers**

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.

Informed consent is required for HIV testing and may be incorporated into a general consent form for medical care. Medical providers must document consent, either by patient signed consent or medical record documentation of the patient's verbal consent.

Pregnant women should receive appropriate information regarding prevention, transmission, the rights of test subjects, access to clinical care, counseling and support services for HIV, hepatitis B and syphilis as a routine part of all prenatal care.

PRENATAL, L&D, ED TESTING	HIV	HEPATITIS B	SYPHILIS
All women in first trimester of pregnancy	<p>Women should be tested for Hepatitis B surface antigen (HBsAg), HIV and syphilis, as soon as possible in the first trimester of pregnancy, as part of routine care. (e.g. upon diagnosis of pregnancy at any healthcare facility; at the initial prenatal visit).</p> <p>All positive screening tests must be confirmed.</p> <p>Consult an infectious disease specialist or experienced perinatal provider promptly upon confirmation of a positive test result.</p>		
All women in third trimester of pregnancy	<p>Test at 26-28 weeks gestation if not previously confirmed as HIV-positive, regardless of perceived risk and/or previous negative test result.</p> <p>All positive screening tests must be confirmed.</p> <p>Consult an infectious disease specialist or experienced perinatal provider promptly upon confirmation of a positive test result.</p> <p>Consult a pediatric infectious disease specialist upon confirmation of HIV infection in a pregnant woman so that a care plan for the infant can be developed prior to the onset of labor.</p>		<p>Test at 28 weeks gestation, and at delivery, regardless of previous test results.</p> <p>Consult a pediatric infectious disease specialist and notify the MDCH Congenital Syphilis Coordinator about any confirmed syphilis infection in a pregnant woman, as well as her treatment history, so that a care plan for the infant can be developed prior to the onset of labor.</p>
<p>Women with negative test results who are known to be at high risk for infection (e.g. women who: - have a sexually transmitted disease (STD) during pregnancy - inject drugs - have a sex partner who injects drugs - have a partner who has had sexual contact with a man - exchange sex for money or drugs - have an HIV-infected partner - have a HBsAg-positive household member or sex partner - have a new partner or more than one sex partner during the pregnancy)</p>	<p>Retest at 36 weeks gestation or at delivery, regardless of previous negative test results.</p> <p>Test women who have signs or symptoms consistent with acute HIV infection using a plasma RNA test in conjunction with an HIV antibody test.</p> <p>Consult an infectious disease specialist or experienced perinatal provider promptly upon confirmation of a positive test result.</p> <p>Consult a pediatric infectious disease specialist upon confirmation of HIV infection in a pregnant woman so that a care plan for the infant can be developed prior to the onset of labor.</p>	<p>Retest in third trimester or at delivery</p> <p>All positive screening tests must be confirmed.</p> <p>Consult an infectious disease specialist and a pediatric infectious disease specialist promptly upon confirmation of a positive test result.</p>	
<p>Women who present in Labor/Delivery or Emergency Department with no available, documented test results (e.g. women who: - have no record of HBsAg testing - have no record of 3rd trimester HIV or syphilis test result - have no prenatal care - present in the immediate postpartum period (24 hours))</p>	<p>Test STAT with rapid or expedited point of care testing.</p> <p>Every woman's medical record should include documentation of consent and testing, or declination of testing and reason for refusal.</p> <p>All positive screening tests should be reviewed promptly with an infectious disease specialist or HIV experienced perinatal provider.</p> <p>A pediatric infectious disease specialist should be notified about the pregnant woman's treatment history and viral load so that a care plan can be initiated prior to delivery.</p> <p>All positive screening tests must be confirmed.</p> <p>Hospitals must have procedures in place to report the confirmatory test results and HIV infection status to all women they test.</p>	<p>Test STAT</p>	<p>Test STAT</p> <p>A pediatric infectious disease specialist and the MDCH Congenital Syphilis Coordinator should be notified about any suspected syphilis infection in a pregnant woman so that a care plan for the infant can be developed prior to delivery.</p> <p>No mother should leave the hospital unless the maternal serologic status has been documented.</p>

Maternal Treatment	<p>PNC Providers: An appropriate antiretroviral treatment plan should be initiated promptly upon consultation with an infectious disease specialist or HIV experienced perinatal provider.</p> <p>L&D and ED: Hospitals must have mechanisms in place to provide immediate initiation of appropriate antiretroviral prophylaxis - antepartum, intrapartum and/or at the onset of delivery - on the basis of any reactive rapid or expedited HIV test result, without awaiting results of a confirmatory test.</p> <p>Additionally, women who test positive for HIV should receive education on HIV transmission through breastfeeding and be advised not to breastfeed.</p>	<p>Women who are HBsAg-negative but are at high risk of acquiring HBV should consider getting the hepatitis B vaccine series.</p>	<p>Women who test positive for syphilis should receive penicillin as per current CDC STD Treatment Guidelines.</p>
Infant Treatment	<p>Rapid HIV testing is recommended for all infants whose biological mothers have not been tested. Inform the person legally authorized to provide consent that rapid HIV testing is recommended for infants whose HIV exposure is unknown.</p> <p>HIV exposed infants should be started on single or multidrug antiretroviral prophylaxis as close to the time of birth as possible, preferably within 6-12 hours of delivery.</p> <p>Postnatal infant prophylaxis is recommended, with 6 weeks of antiretroviral medication(s).</p> <p>Hospitals must have mechanisms in place to: (1) provide ZDV/AZT, as well as nevirapine if indicated, in syrup form to HIV-exposed infants in-house (2) ensure that antiretroviral medications in syrup form are available to the infant after discharge.</p>	<p>All infants should receive hepatitis B vaccine.</p> <p>Infants born to HBsAg-positive women should receive the hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth, followed by a complete 3-4 dose series, with post-vaccination serology 3-9 months after series completion.</p>	<p>No infant should leave the hospital unless the maternal serologic status has been documented.</p> <p>Infants exposed to syphilis should be evaluated (including a non-treponemal test) and treated with penicillin according to current CDC STD Treatment Guidelines shortly after birth.</p>
Documentation	<p>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.</p> <p>All test results and treatment should be recorded in both the mother's and the baby's medical records, along with the date of testing, refusal, or result.</p>		
Reporting	<p>Women who test positive for HIV must be reported within 7 days, while 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).</p>		

Consultation concerning implementation of these guidelines can be obtained from:

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