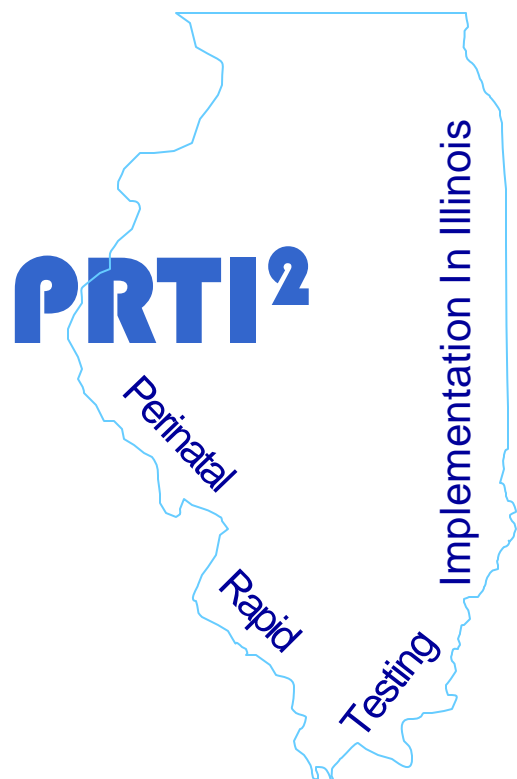


Statewide Perinatal Rapid Testing Implementation in Illinois



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**AFC Prevention Conference
September 22, 2005**

Funded by the Illinois Dept of Public Health

Reducing Pediatric HIV

1994 Pediatric AIDS Clinical Trial Group Protocol 076 → ZDV reduces mother-to-child transmission (25% to 8%)

2000 6000-7000 HIV+ women gave birth to an estimated 280-370 infected infants

1 in 8 HIV-infected women did not receive prenatal care

1 in 9 not tested for HIV before giving birth

2000-2004 CDC funded MIRIAD study establishes efficacy of rapid testing in L&D

2004 CDC promotes routine rapid testing during L&D for women whose HIV status is unknown

Creating the Illinois Initiative: Perinatal Rapid Testing Initiative in Illinois (PRTII)

1. MIRIAD Experience and Expertise
2. Cook County Bureau
3. Northwestern OB/GYN
4. Illinois Department of Public Health
HIV Perinatal Task Force
Regional Perinatal System

Funded by IDPH

PRTI²

Mission: To implement Rapid HIV Testing in every L&D unit in Illinois by June 2005 to reduce perinatal HIV transmission and prevent pediatric HIV in Illinois

Through coordinated efforts of Illinois Regional Perinatal Network System



Rationale for Rapid Testing in Labor & Delivery

- During pregnancy, women who know their HIV status and receive treatment can reduce the risk of transmission from 25% to less than 1%
- If HIV is not found until labor & delivery, transmission rates can still be reduced by as much as 50% (*CDC, 2004*)
- New rapid tests and law make preliminary diagnosis and treatment of HIV in labor a reality

Status: Perinatal HIV Prevention CDC - Statistics

- **91 % of Pediatric AIDS acquired during**
 - **Pregnancy**
 - **Labor / Delivery**
 - **Breast feeding**
- **Perinatal Acquired HIV has declined 75%**
 - **HIV Testing in pregnancy increased 68 % - 79%**
 - **Women offered AZT increased from 27%- 85%**
- **Prevention programs- decrease cases & save money**
 - **656 HIV pediatric infections prevented / year**
 - **\$38, 100, 000 medical care costs saved /year**

Rationale

- **Opportunity**
 - New Illinois law
 - FDA approved Rapid HIV Test
- **Need**
 - Incomplete prenatal testing
 - Unknown maternal HIV status = preventable pediatric HIV
- **Intervention**
 - If maternal HIV status known = effective treatment on labor & delivery to prevent perinatal transmission
- **Goal**
 - Eliminate Pediatric HIV in Illinois

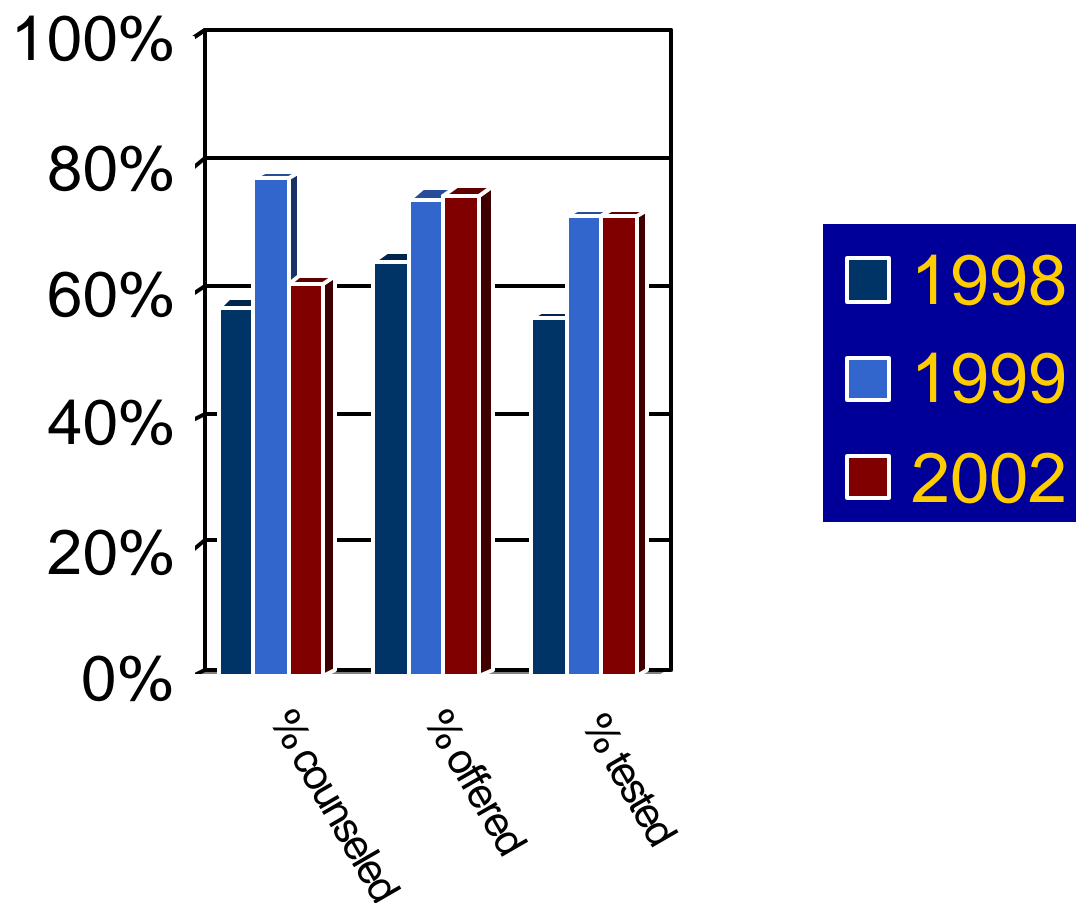
An Opportunity: Illinois Perinatal HIV Prevention Act

- All pregnant women in Illinois will be counseled and offered an HIV test.
- HIV test results will be documented in prenatal, L&D and newborn pediatric chart.
- If there is no documented maternal HIV status on arrival to L&D, the patient will be offered a Rapid HIV test. (Opt-In)
- If maternal status not known at delivery, newborn will be given rapid HIV test unless mother declines. (Opt-Out)

A Need: Untested Pregnant Women

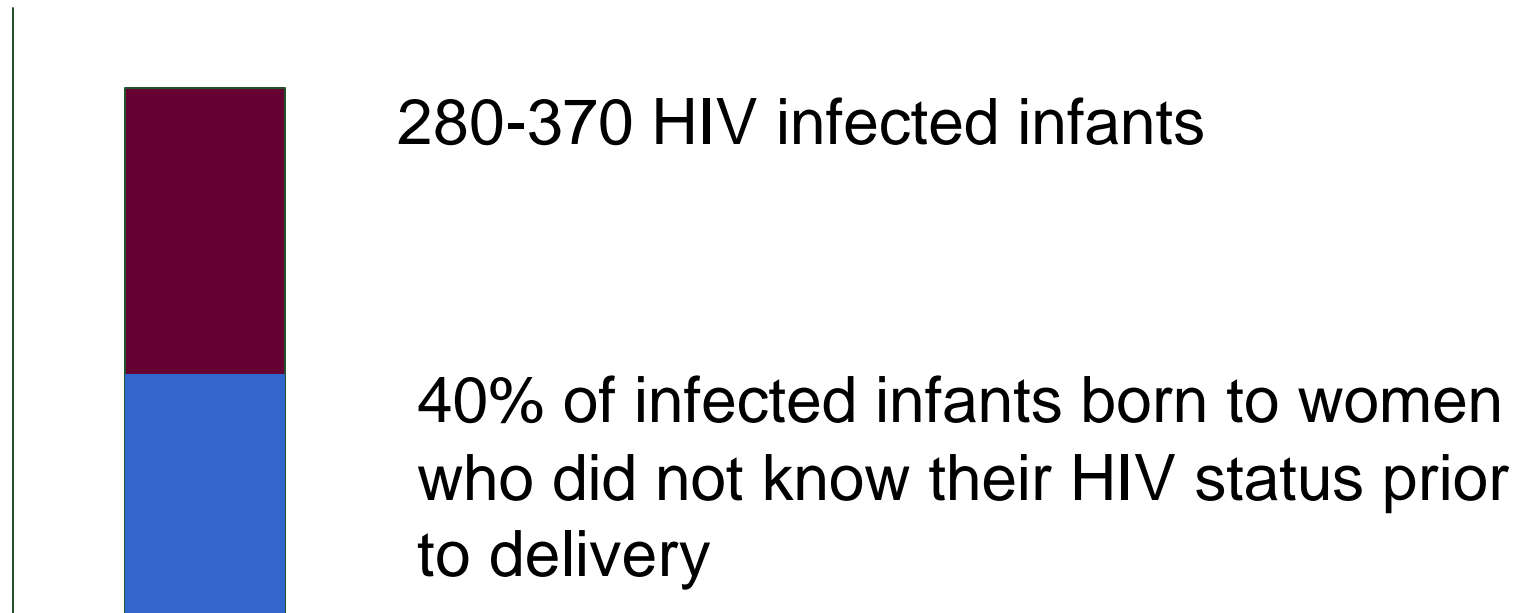
Status of Prenatal HIV C/T in Chicago

- 66 hospitals surveyed
- 1 month: 1998,1999,2002
- 1999 9,115 /10,063 women
- 2002 5,031/6,135
(82% completion rate)



Unknown status = preventable pediatric HIV

- 6,000 - 7,000 HIV infected women gave birth in 2000

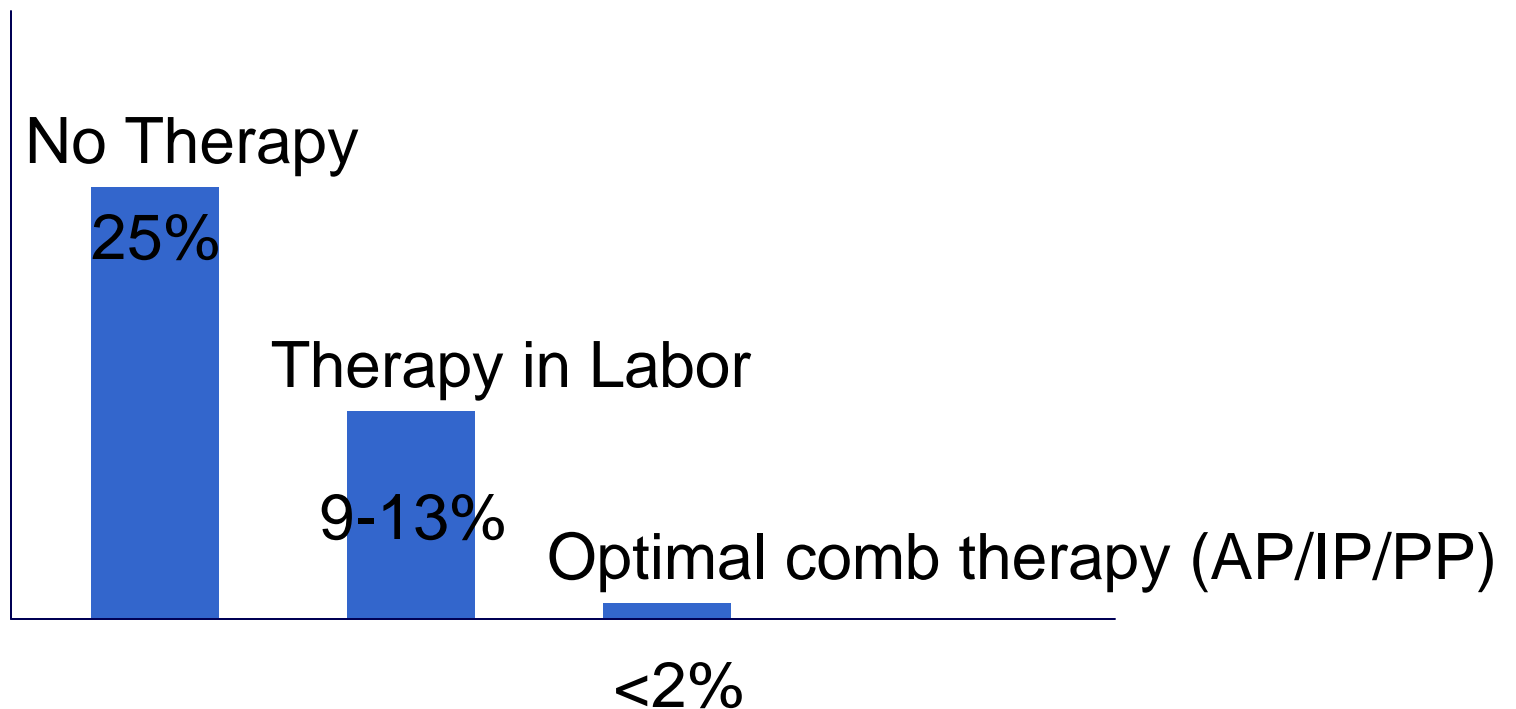


Reasons Women Not Tested*

- 1. Providers do not perceive that HIV testing is important
- 2. 15% HIV + women – No Prenatal Care

* Results CDC Sponsored Studies

An Intervention: treatment to prevent transmission



Wade, et al. 1998 NEJM 339;1409-14

Guay, et al. 1999 Lancet 354;795-802

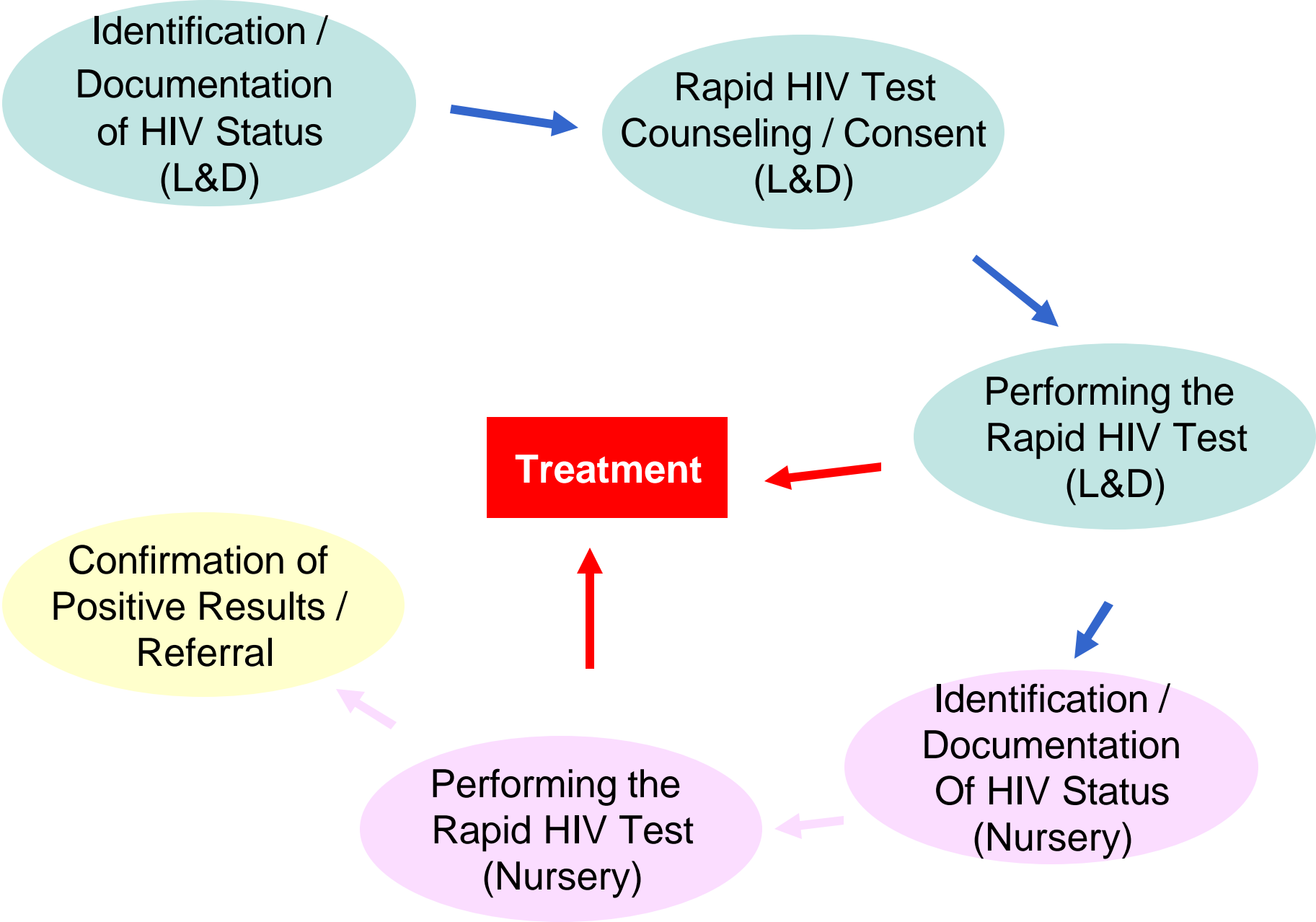
Fiscus, et al. 2002 Ped Inf Dis J 21;664-668

Moodley, et al. 2003 JID 167;725-735

PRTII Approach

January 2004-June 2005

- Written survey of every L&D unit in Illinois to determine obstacles and resources to implement rapid testing
- 7 Focus Groups
- Training of all 10 Perinatal Network Administrators and all Hospital Nurse Managers
- Preparation of implementation tools (Resource Binder, CDs, Flip Charts, Policies, Forms)
- Conduct Hospital Specific training and facilitate implementation



10 Steps

1. Arrange and Conduct Hospital Key Players Meeting with RC
2. Review and adopt rapid testing policies and templates
3. Review and adopt standing L&D/Nursery admission orders
4. Notify nursing, medical and administrative staff of policy and procedure changes
5. Arrange L&D and Nursery staff trainings with RC
6. Set a formal start date for L&D/Nursery rapid HIV testing and assemble resources
7. Begin maternal HIV status identification data collection in L&D: 2-4 week period prior to starting formal rapid testing
8. Initiate rapid HIV testing in L&D and Nursery units
9. Initiate rapid HIV testing surveillance data collection
10. Arrange follow-up site visit with Regional Coordinator

Future Directions: PRTI² Year II

- **QA Follow-Up Visits all Birthing Hospitals**
 - Focus on: documentation rates, testing rates, newborn testing rates, protocol /plan set for prelim positive, AZT available
- **Link poor-performing hospitals to interventions**
- **Statewide surveillance / evaluation electronic database linked to IDPH**
- **Non-Birthing Hospitals RT Implementation**
- **Complete Hotline mapping of services for HIV + women / exposed newborns statewide**

Thank you

Anne Statton

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