



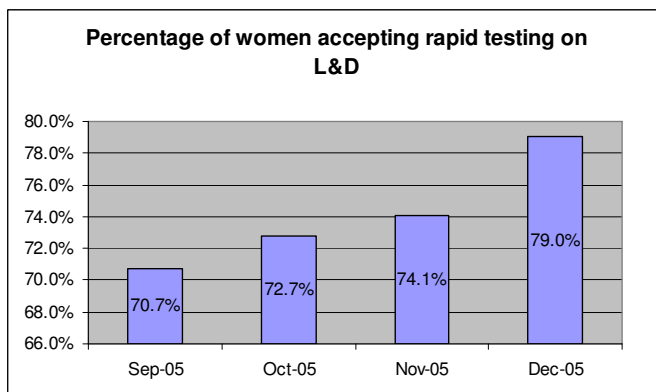
**PRTII (Perinatal Rapid Testing Implementation in Illinois)
Written Testimony to the House Human Services Committee
On HB 4306
January 12, 2006**

Rapid Testing Implementation in Illinois

In **August 2003**, Illinois passed the Perinatal HIV Prevention Act that mandated prenatal care providers counsel and offer HIV tests to all pregnant women as early in pregnancy as possible. Additionally, it specified that rapid testing must be offered to all laboring women and newborns with undocumented HIV status. By **December of 2003**, it was clear that very little progress had been made in implementing the new law. A group of HIV care providers and public health professionals approached IDPH for funding to assist with the complete and effective implementation of the law. The PRTII (Perinatal Rapid Testing Implementation in Illinois) initiative was created and collaborating institutions included the Illinois Department of Public Health, the State of Illinois Perinatal HIV Taskforce, State of Illinois Regionalized Perinatal Network Administrators, MATEC (Midwest AIDS Training and Education Center), PACPI (Pediatric AIDS Chicago Prevention Initiative, Hektoen Institute/Core Center and Northwestern University. PRTII leadership includes: Mardge Cohen, MD, Yolanda Olszewski (Hektoen/Core Center), Anne Statton (PACPI) and Ann Bryant, MD, Patricia Garcia, MD, MPH (Northwestern).

Implementation Progress

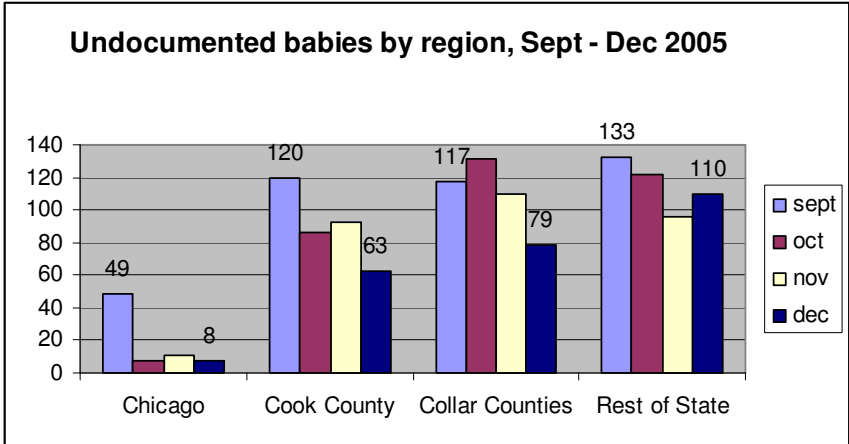
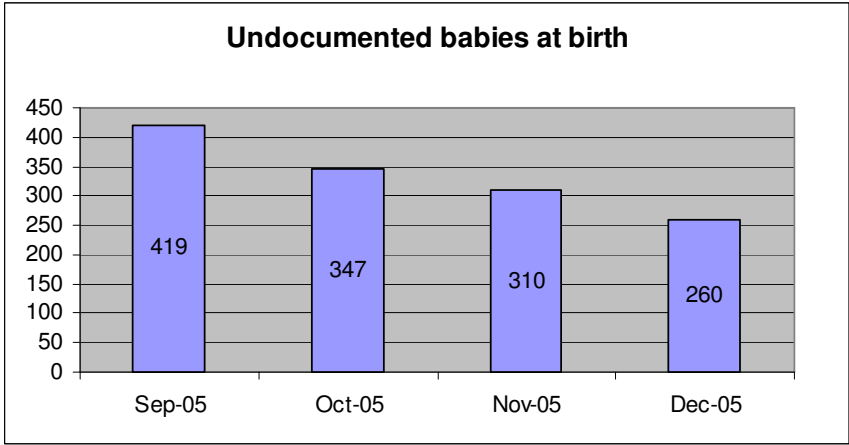
The goal of Perinatal Rapid Testing Implementation in Illinois initiative (PRTII) was complete and effective implementation of rapid testing in all 132 birthing hospitals in Illinois. PRTII received initial funding in **July of 2004** and hospital training began in **August of 2004**. At that time, only 72% of pregnant women who presented in labor had been tested for HIV. As of **July 2005**, 131 of the 132 active birthing hospitals (99%) had been completely trained and rapid testing was begun. As of **September 2005**, all birthing hospitals are offering rapid testing to undocumented women and reporting their monthly experience. As of the last quarter of 2005, 91% of women presented to L&D



with documented HIV status (up from the pre-implementation baseline of 72%). Currently, at the time of discharge from the hospital, 97.9% of women and their infants now know their HIV status due to the addition of rapid testing in the L&D setting. This number continues to rise. The number of undocumented women who accept rapid testing also continues to increase. Therefore, only 2.1% of mother-infant pairs leave the hospital with unknown HIV status.

The number of undocumented infants therefore has steadily declined since complete

statewide implementation and efforts continue to reduce this number. For example, in December, there were only 260 infants (among 13,205 deliveries, 1.9%) that went untested statewide. In the highest seroprevalence area of the state (Chicago) only 8 of 2,751 (0.2%) infants delivered in December went untested. Due to careful surveillance and tracking efforts, PRTII is able to target specific hospitals for assistance with improving performance.



As of December 2005, 12,369 rapid tests were performed on mothers and infants. **Twenty-six women** were found to be positive for a seroprevalance rate of **.002 (2/1000)** among undocumented women who were rapidly tested. The geographic distribution of confirmed positives is: Chicago (16), Cook County (4), Collar Counties (3), Rest of State (3). The geographic distribution of seroprevalance rates for women rapidly tested is: Chicago 16/5,252 (.003), Cook County 4/3,307 (.001), Collar Counties 3/1,334 (.002), and Rest of State 3/2,455 (.001).

Among the 26 HIV positive women identified through rapid testing in L&D (August 2004 – December 2005), 4 infants have been confirmed positive, 21 are confirmed negative and one infant’s status is unknown (due to lack of release of information). Of the 4 positive infants, 2 were born HIV-PCR positive (indicating in-utero transmission prior to labor and delivery). Two positive infants were born in Chicago, one in Cook County and one in Rest of State. All exposed infants were linked to care through the support of the 24/7 Perinatal HIV Hotline and PACPI Enhanced Case Management.

This represents an extraordinary amount of progress in a short period of time. Illinois is the only state to have undertaken statewide implementation of rapid HIV testing and is a model for the rest of the country. PRTII protocols and resource materials have been used by seven other states, the Centers for Disease Control, the American Hospital Association and the WHO Global MTCT Program in Nigeria.

Requirements for Elimination of Pediatric AIDS – A Safety Net of Prevention

There are three steps essential to eliminating pediatric HIV/AIDS:

- 1) **All women** must be given **access to HIV testing** as **early** in pregnancy as possible,

2) HIV-positive women must be **linked to care** and given **access to state of the art treatment** during pregnancy and in labor , and

3) HIV-exposed babies must be identified, linked to care and take AZT syrup for the 1st 6 weeks of life

Laws without action are merely good intentions. Systems of care are essential for prevention to work. PRTII and PACPI have created a system of innovative prevention interventions that address each step of perinatal HIV prevention. The most effective prevention strategies target women early in pregnancy. Tracking counseling and testing practices in each hospital is key. Linking vulnerable, disenfranchised populations to care is a critical step in eliminating pediatric AIDS. Therefore, PRTII/PACPI respectively recommends the following action:

1) Insuring universal access to prenatal care so that HIV counseling and testing services can be uniformly accessed as early in pregnancy as possible.

2) Continued funding of the PRTII initiative to maintain surveillance and tracking related to rapid testing in the labor and delivery setting in order to insure sustainability and to expand rapid testing to non-birthing hospitals and emergency rooms across the state.

3) Funding of PACPI enhanced case management program to insure that women and newborns identified through antenatal and intrapartum rapid testing are linked to care and follow-up services.

4) Funding of the PACPI 24/7 Perinatal Hotline so that healthcare providers across the state have access to state of the art medical resources and patients can be linked to HIV/OB/Pediatric services in every part of the state.

Respectfully submitted,

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