Statewide Perinatal Rapid Testing Implementation in Illinois

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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
**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.
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% (CDC, 2004)

• 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

- 66 hospitals surveyed
- 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

280-370 HIV infected infants

40% of infected infants born to women who did not know their HIV status prior to delivery

Office of Inspector General, July 2003
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
Identification / Documentation of HIV Status (L&D)

Rapid HIV Test Counseling / Consent (L&D)

Performing the Rapid HIV Test (L&D)

Confirmation of Positive Results / Referral

Treatment

Performing the Rapid HIV Test (Nursery)

Identification / Documentation Of HIV Status (Nursery)
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

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