Rapid Testing Implementation in Illinois

In October 2003, Illinois passed the HIV 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, effective and timely 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 137 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 and only 43% of Illinois birthing hospitals had AZT (IV and syrup) available. As of April 2005, 107 of the 133 active birthing hospitals (80.5%) have been completely trained and rapid testing has begun in them. In those hospitals, 20,435 of the 21,563 women (94.8%) who presented to labor and delivery units have a documented HIV status at the time of discharge from the hospital. A total of 13 preliminary positive rapid tests have been identified, 2 were confirmed to be false positive and 11 new cases of maternal HIV infection have been diagnosed by rapid testing during this time period. One infant has been confirmed positive, one is confirmed negative and 9 cases are pending. By June 2005, all labor and delivery nurses (over 10,000) in all 133 birthing hospitals will have been trained and rapid testing implementation in all Illinois birthing hospitals will have been completed.

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 and hospitals must provide rapid testing in labor for all women who present without documented HIV status.

2) HIV-positive women must be **linked to care** and given **access to state of the art treatment** during pregnancy and in labor; including availability of AZT (IV and syrup) in all hospitals to provide immediate therapy for HIV-positive women in labor and exposed newborns.

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 working with Pediatric AIDS Chicago Prevention Initiative (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 respectfully recommends the following action:

1) Eliminate all barriers to complete implementation of the 2003 Perinatal HIV Prevention Act (PA 93-566) by immediately completing rule making; in order to insure that all health care providers may counsel and conduct rapid HIV testing for pregnant women and that pediatricians implement the newborn provisions of the law.

2) Continued support of the PRTII initiative to develop surveillance and tracking related to rapid testing in the labor and delivery setting in order to insure sustainability of effective rapid testing and maintain individual hospital performance standards for perinatal HIV transmission prevention.

3) Complete the perinatal HIV prevention safety net in Illinois by funding PRTII to expand rapid testing implementation to non-birthing hospitals and emergency rooms.

4) Support for the Illinois 24/7 Perinatal Hotline and Perinatal Enhanced Case Managers so that healthcare providers across the state have access to state of the art medical resources and patients can be linked to follow up and HIV/OB/Pediatric services in every part of the state.

Respectfully submitted,

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