



Government of the District of Columbia
Department of Health



HIV/AIDS, Hepatitis, STD and TB Administration

January 23, 2018

Dear Colleague,

I am writing for your help in eliminating perinatal HIV transmission in the District of Columbia. With screening and treatment guidelines in place, perinatal HIV transmission is preventable. The District had made progress with no babies born for three years in a row from 2013 to 2015. In 2016, we had two infants perinatally infected with HIV. The DC Department of Health (DOH) considers a baby born with HIV as a sentinel event and requires a concerted response from our medical and public health community.

Currently, almost 13,000 District residents are living with HIV and about one-quarter are women. Nearly all new infections among women are attributable to heterosexual sex, without notable risks aside from unprotected sex. As part of the 2014 DOH HIV Behavioral Surveillance Report for heterosexuals, it was found that only 26% of participants reported condom use at last vaginal sex.

With early identification and management during pregnancy, delivery, and post-natal care, transmission from mother-to-child can be less than 1%. We need to do better to make sure all women living with HIV have access to excellent medical care and have their needs met to achieve our goal of eliminating perinatal HIV transmission. There are several actions that you can do as a healthcare provider. Specifically:

- **Pregnancy in women living with HIV is now a reportable condition.** This change was made so that the DOH can ensure the health of pregnant women, prevent transmission and offer medical and/or social services they may require. The report form is available at the DOH website (<https://doh.dc.gov/page/pregnancy-and-notifiable-disease>).
- The most critical step with a pregnant woman diagnosed with HIV is to get her immediately connected to and participating in HIV treatment, meaning on medication. If you are unsure of how to identify a point of HIV care access for your clients, we can help you. Remember, it is still important that you remain involved in co-managing your patient's care along with the HIV specialist.
- Please make every effort to ensure that **every** pregnant woman has *documented* HIV test results available at delivery. [The Department of Health Care Finance's 2015 Annual Technical Report](#) found that **60%** of women enrolled in the District's Medicaid managed care organizations (MCO) were not tested or did not have their HIV test result documented at delivery. In accordance with the U.S. Centers for Disease Control and Prevention (CDC) and the American Congress of Obstetricians and Gynecologists (ACOG), our policy is that both first and third trimester screening be routinely performed as part of antenatal testing unless the mother refuses. If her result is not available at the time of delivery, a rapid HIV test should be performed.

The DOH HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) works with healthcare providers to offer training and technical assistance to achieve universal HIV screening for pregnant women and treatment for pregnant women living with HIV. To support medical providers and community partners, HAHSTA has a perinatal coordinator. For any information regarding perinatal screening and management of women and infants, including issues of rapid access to HIV care or medications, please contact Anitra P. Denson, MD, Perinatal Coordinator at (202) 671-5052 or Anitra.Denson@dc.gov.

We know that the DC medical community is up to the challenge to eliminate mother-to-child transmission of HIV by making screening and support universal. By doing so, we will make the lives of children healthier and brighter.

Thank you for your help.

Sincerely,

Michael Kharfen
Senior Deputy Director