Establishing Routine, Opt-Out Screening Policies for HIV, Viral Hepatitis, STDs & TB

PRENATAL CARE

August 2023

WHO is this resource for?
This resource was developed for state and local policymakers, public health decision makers, and prenatal care providers.

WHAT does this resource offer?
This resource synthesizes information on routine, opt-out screening policies for HIV, viral hepatitis, STDs (specifically chlamydia, gonorrhea, and syphilis), and tuberculosis (TB) in prenatal care settings in six states with high disease prevalence: California, Florida, Georgia, Illinois, New York, and Texas.

WHAT IS ROUTINE, OPT-OUT SCREENING?

Routine, opt-out screening occurs when a healthcare provider screens all eligible patients **(routine)** instead of using an individualized risk-based assessment, and informs the patient that a test will be performed unless they explicitly decline the test **(opt-out).** Alternatively, "opt-in" screening occurs when patients are asked if they want a test to be performed.

WHY IS ROUTINE, OPT-OUT PRENATAL SCREENING IMPORTANT?

HIV, viral hepatitis, and STDs can cause **complications during pregnancy for pregnant people and babies.** Routine, opt-out prenatal screening can help identify infections, link people to treatment, and decrease perinatal (mother-to-child) transmission of these diseases. [1]

Congenital syphilis (CS) cases in the U.S. have increased significantly. Over 2,000 cases of CS were reported in 2021, which is the highest number of reported cases in a single year since 1994. [2]

Mother-to-child transmission is the leading cause of **hepatitis C** infection in children, and accounts for more than 50% of cases of **hepatitis B** worldwide. [3]

Many infectious diseases disproportionately impact certain racial or ethnic groups in the U.S. Implementing prenatal routine, opt-out screening can increase health equity by providing screening to all pregnant individuals.

In 2021, 15/21 (**71%**) of new **perinatal HIV diagnoses** in the U.S. were among Black/African American People. [4]

Black and Hispanic/Latino populations are disproportionately impacted by **CS, and incidence rates among these populations rose significantly between 2016 and 2020.** [5]

Syphilis, gonorrhea, and chlamydia infections during pregnancy are highest among non-Hispanic Black women. [6]

Routine, opt-out screening can be cost-effective and highly effective in identifying undiagnosed infections, reducing the stigma associated with infectious disease testing, facilitating earlier diagnosis and treatment, and reducing risk of transmission. [7-10]

Click here to view CDC screening recommendations for HIV, viral hepatitis, STDs, and TB.

Click here to view CDC's *"Recommended Clinician Timeline for Screening for Syphilis, HIV, HBV, HCV, Chlamydia, and Gonorrhea"* during pregnancy. [11]

HOW DO POLICIES DESCRIBE SCREENING?

ROUTINE, OPT-OUT SCREENING

- Illinois law states that "Every health care professional who provides health care services to a pregnant woman shall, unless she already has a negative HIV status during the third trimester of the current pregnancy, or is already HIV-positive…**test her for HIV on an opt-out basis unless she refuses."**
- California law states that "the physician engaged in the prenatal care of a pregnant woman… shall ensure that the woman is **informed of the intent to perform a test for HIV infection, the routine nature of the test, and that the woman has a right to decline this testing."**
- Texas law states that "A health care provider shall verbally notify the patient that **an HIV test shall be performed if the patient does not object."**
- Georgia law states that prior to being tested for **HIV and syphilis**, "the woman shall be **notified of the test to be conducted and shall have the opportunity to refuse the test."**
- Florida law similarly states that before being tested for **HIV or other STDs**, "the woman shall be **informed of the tests that will be conducted and of her right to refuse testing."**

OTHER SCREENING POLICIES

The following policy language does ***not*** *explicitly* indicate routine, opt-out screening:

- New York law states that "Every physician or other authorized practitioner attending pregnant persons in the state shall…**take or cause to be taken a sample of blood** of such person at the time of first examination, and submit such sample…for a standard serological test for **syphilis**."
- Another New York law indicates opt-in screening, stating that "Each physician providing gynecological, obstetrical, genito-urological, contraceptive, sterilization, or termination of pregnancy services or treatment **shall offer to administer**…**appropriate examinations or tests** for the detection of **sexually transmitted diseases**."

WHAT DISEASES ARE SCREENED DURING PREGNANCY?

Policies* in the six states with high disease prevalence require physicians or other medical practitioners who are attending pregnant patients to conduct or initiate the following prenatal screenings:

California	Florida	Georgia	Illinois	New York**	Texas
HIV **Syphilis** **Hepatitis B**	**HIV** **Syphilis** **Hepatitis B** **Chlamydia** **Gonorrhea**	**HIV** **Syphilis** **Hepatitis B** **Hepatitis C**	**HIV** **Syphilis** **Hepatitis B**	**HIV** **Syphilis** **Hepatitis B**	**HIV** **Syphilis** **Hepatitis B**

** "Policies" include state laws and statutes, administrative codes, and/or rules and regulations.*

*** New York requires that newborns are screened for HIV if "the mother declines testing for herself."*

WHEN DOES SCREENING OCCUR?

Relevant policies may require physicians or other medical practitioners who are treating pregnant patients to conduct screenings at various stages during pregnancy. **Screenings may be required during the first, second, or third trimester, and/or at delivery.** The following excerpts illustrate how state laws require screenings at various stages of pregnancy.

Policy Examples

- California law states that "All pregnant patients should be screened for syphilis **at least twice during pregnancy:** once at either confirmation of pregnancy or **at the first prenatal encounter** and again **during the third trimester**, regardless of whether such testing was performed or offered during the first two trimesters," and "**at delivery** except those at low risk who have a documented negative screen in the third trimester."

- Florida's administrative code states that "Practitioners attending a woman for prenatal care shall cause the woman to be tested for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as follows: [at] **initial examination** related to her current pregnancy; and again … [at] **28 to 32 weeks gestation.**

- Illinois law states that "A health care professional shall provide the first opt-out HIV testing **as early in the woman's pregnancy as possible** … [and] a second round of opt-out HIV testing, ideally **by the 36th week of pregnancy**, unless the pregnant woman already has a negative HIV status from the third trimester of the current pregnancy, or is already HIV-positive." **During labor or delivery**, health care providers "shall, unless she already has a negative HIV status from the third trimester of the current pregnancy, or is already HIV-positive, provide the woman with … rapid opt-out HIV testing."

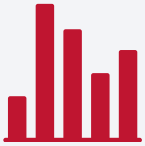
- Though not explicitly required by state law, the New York Department of Health includes "early prenatal care with universal opt-out HIV testing **at the first prenatal visit**" in the mission for its Perinatal HIV Prevention Program.

KEY CONSIDERATIONS:
ADVANCING ROUTINE, OPT-OUT SCREENING POLICY

1

Tailor prenatal screening guidelines to local disease prevalence and relevant population needs.

There is not a one-size-fits-all approach when implementing routine, opt-out screening. Connect with your state or local health department to determine which screening protocols are supported by data that is reflective of the population, disease rates in the community, and available local resources.



→ Click here for more information about disease prevalence rates for HIV, STDs, viral hepatitis, and TB.

2

Identify current policies on prenatal routine, opt-out screening in your state or jurisdiction.

Screening policies may be issued by various branches of government, such as state or local legislatures, administrative and regulatory bodies, or agencies like departments of health.

3

Prenatal screening can be built into existing systems.

Limited time, staff, and resources are common barriers to implementing routine, opt-out screening. Instead of developing new systems and using new resources, prenatal screening panels may be integrated into a clinic's electronic health record. This can help minimize burdens by reducing training time, the number of new staff to hire and train, and costs for updating software and other resources.

→ Click here for an example of an obstetric screening panel.

POLICY REFERENCES* FROM THE SIX STATES WITH HIGH DISEASE PREVALENCE: HIV, VIRAL HEPATITIS, STDS, & TB

CALIFORNIA

State Law:

- CA Health & Safety Code § 125085
- CA Health & Safety Code § 125090
- CA Health & Safety Code § 120685
- CA Health & Safety Code § 120715

FLORIDA

State Law:

- FL Statutes Title XXIX, § 384.31: Testing of pregnant women; duty of the attendant

Administrative Code:

- R. 59A-11.012: Prenatal Care
- R. 64D-3.042: STD Testing Related to Pregnancy
- R. 64B24-7.007: Responsibilities of Midwives During the Antepartum Period

GEORGIA

State Law:

- GA Code § 31-17-4.2: Georgia HIV/Syphilis Pregnancy Screening Act of 2015

Rules and Regulations:

- Rule 511-2-5-.04: Prevention of Perinatal Infection
- Rule 511-5-4-.03: Serological Tests for Pregnant Women: Provisions

ILLINOIS

State Law:

- 410 ILCS 335 Perinatal HIV Prevention Act
- 410 ILCS 320 Prenatal Syphilis Act

Administrative Code:

- § 690.451 Hepatitis B and Hepatitis D

NEW YORK

State Law:

- Public Health Law § 2308: Sexually transmitted disease; pregnant women; blood test for syphilis
- Public Health Law § 2308-A: Sexually transmitted diseases; tests for sexually transmitted diseases
- Public Health Law § 2500-E: Pregnant women, blood test for hepatitis B; follow-up care
- Public Health Law § 2500-F: Human immunodeficiency virus; testing of newborns

Codes, Rules and Regulations

- §69-1.3: Responsibilities of the CEO of a Hospital

Department of Health:

- NYS Department of Health Maternal-Pediatric HIV Prevention and Care Program

TEXAS

State Law:

- TX Health & Safety Code § 81.090: Diagnostic Testing During Pregnancy and After Birth

**Links direct to official government websites when available*

ADDITIONAL REFERENCES:

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