



May 2007

Dear Colleague:

Ten years ago, the Public Health Service Task Force first recommended universal counseling and voluntary HIV testing of all pregnant women and treatment for those infected. Since that time, enormous strides have been made against perinatal HIV transmission. Over a decade, perinatally acquired AIDS cases declined 94% in the United States. Despite important successes in perinatal HIV prevention, some women and infants still do not benefit from prenatal HIV testing and antiretroviral therapy. Surveillance estimates indicate that 96-186 infants are infected with HIV per year (CDC, 2007). One reason is that not every provider offers HIV testing to all of his or her prenatal patients, enabling them to learn their HIV status and, if infected, receive treatment to prevent perinatal transmission.

The Centers for Disease Control and Prevention (CDC) recommends that each pregnant woman is notified that an HIV test will be included in the standard prenatal tests and that she may refuse the HIV test (the *opt-out* approach). Studies show that simplifying the HIV testing consent process in this way achieves the highest maternal screening rates. More importantly, data demonstrate that HIV testing of all pregnant women affords the best opportunity to deliver interventions when they are most effective. Perinatal HIV transmission rates are 2% or less when antiretroviral therapy is initiated and adhered to during pregnancy. Also, economic studies show that universal and voluntary testing of pregnant women is very cost-effective when compared with other accepted medical interventions.

Research shows that pregnant women are much more likely to accept HIV screening if their health care provider strongly recommends it. Therefore, CDC has launched a new campaign:

***One Test. Two Lives.*** (online at [www.cdc.gov/1test2lives](http://www.cdc.gov/1test2lives)). This program offers information to help you encourage all of your pregnant patients to be tested for HIV and the kit includes CDC screening recommendations as well as those from The American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives. It also offers new materials, including a due date projection wheel and patient information. All materials can be reordered free of charge.

Finally, although it is best to test for HIV early in the pregnancy, it is never too late to test, even during labor and delivery. Recent experience from the CDC-funded “Mother-Infant Rapid Intervention at Delivery” study indicates that HIV rapid testing of women can be done during labor, and that antiretroviral interventions can be quickly delivered to HIV-infected mothers and their infants with good results. Therefore, for women whose HIV status is unknown at labor, CDC recommends routine rapid testing. In addition to the materials mentioned above, the *Rapid HIV Antibody Testing During Labor and Delivery for Women of Unknown HIV Status: A Practical Guide and Model Protocol* can be accessed through the campaign’s Web site.

By consistently and actively encouraging prenatal screening and treatment, we can further decrease the number of babies born with HIV. Let us work together to achieve this goal.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert S. Janssen", with a long horizontal flourish extending to the right.

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cc: Stanley Zinberg, MD, MS, FACOG  
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