

Dear Colleague,

On May 12, 2015, the Georgia Legislature passed HB 436, a new Georgia law that requires pregnant women to be tested for HIV and syphilis in their third trimester, except in cases where the woman refuses testing. Both [HB 436](#) and [HB 1058](#) build on an earlier law focused on testing only at initiation of prenatal care. This letter serves to outline key points of HB 436. For the full text of the law, please visit: <http://www.legis.ga.gov/legislation/en-US/Display/20152016/HB/436>.

The key updates and points include:

- Every physician and health care provider who provides prenatal care must test pregnant women for syphilis and HIV at initiation of prenatal care and during the 3<sup>rd</sup> trimester, unless the patient declines (opt-out screening).
- If there is no written evidence that an HIV or syphilis test has been performed when a pregnant woman presents for delivery, the health care provider must order a test for both to be administered at that time (unless the patient declines).
- All Congenital Syphilis cases must be reported within 24 hours to your [local District health office or entered into SendSS](#). This includes babies without congenital syphilis symptoms, but who were born to mothers with untreated syphilis at time of delivery. Women diagnosed with HIV infection must be reported within 7 days (see <https://dph.georgia.gov/reporting-forms-data-requests>)

CDC recommends third trimester testing in areas with high rates of syphilis and of HIV, such as Georgia. In 2015, Georgia ranked 2<sup>nd</sup> in the nation for syphilis and 3<sup>rd</sup> for rate of new HIV diagnoses. There have been infants born in Georgia with congenital syphilis or perinatally-acquired HIV infection whose mothers became infected after being tested at initiation of prenatal care, highlighting the importance of 3<sup>rd</sup> trimester syphilis and HIV testing.

Syphilis treatment at least 30 days prior to birth has proven to be effective at decreasing the odds that a baby is born with congenital syphilis ([2015 STD Treatment Guidelines -- Syphilis during Pregnancy](#)). Likewise, receipt of HIV antiretroviral therapy during pregnancy, at the time of delivery, and prophylaxis to the newborn dramatically reduce perinatal transmission of HIV (<https://aidsinfo.nih.gov/guidelines/html/3/perinatal-guidelines/0>).

Thank you for helping to reduce syphilis and HIV transmission to Georgia infants. If you have any questions or concerns, please contact your local district health office or call the Georgia Department of Public Health at 1-866-PUB-HLTH (1-866-782-4584).

Rev 1-31-17

