



J. Patrick O'Neal, M.D., Commissioner | Nathan Deal, Governor

2 Peachtree Street NW, 15th Floor
Atlanta, Georgia 30303-3142
dph.ga.gov

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Dear Colleague,

Georgia law (§31-17-4.2.) mandates that all pregnant women be tested for syphilis and HIV in the first and third trimesters of their pregnancy. In 2016, Georgia ranked fourth in the nation for syphilis and third for new HIV diagnoses. Contributing to those statistics is the fact that infants continue to be born in Georgia with congenital syphilis or perinatally-acquired HIV infection. You, as health care providers, have the power to help reduce these numbers.

The law was passed in 2015 and is based on the Centers for Disease Control and Prevention's recommendation for third trimester testing in areas with high rates of syphilis and HIV. It builds upon an earlier law requiring testing at only the initiation of prenatal care. The mothers of many of the infants being born with congenital syphilis or HIV became infected **after being tested at initiation of prenatal care**, highlighting the importance of third trimester **(28-32 weeks)** testing.

Key points of the law 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 third 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 in SendSS. This includes babies without congenital syphilis symptoms, but who were born to mothers with untreated syphilis at time of delivery.
- All babies born to HIV positive mothers and women diagnosed with HIV or AIDS must be reported within seven days to the Georgia Department of Public Health.

Syphilis treatment at least 30 days before birth has proven to be effective at decreasing the odds that a baby is born with congenital syphilis. HIV antiretroviral therapy during pregnancy, at the time of delivery, and prophylaxis to the newborn dramatically reduce perinatal transmission of HIV.

As commissioner and as a physician, I urge you to make first and third trimester testing for syphilis and HIV part of your routine prenatal care – not just because it is the law, but for the

health and well-being of every mother and child in Georgia. If you have any questions, please contact your local district health office or call the Georgia Department of Public Health at 1-866-PUB-HLTH (1-866-782-4584).

Thank you for all that you do to help protect the lives of Georgians.

Sincerely,



J. Patrick O'Neal, M.D.
Commissioner

Additional resources:

[Georgia HIV/Syphilis Pregnancy Screening Act of 2015](#)

[2015 STD Treatment Guidelines -- Syphilis during Pregnancy](#)

[Antiretroviral drugs in pregnant women with HIV, reducing perinatal HIV transmission](#)

[DPH reporting form](#)