



HIV Supplemental Surveillance Report:  
Enhanced Perinatal Surveillance  
Georgia 2005-2010



This Enhanced Perinatal Surveillance Report, Georgia 2005-2010 is published by the Georgia Department of Public Health (GDPH), HIV/AIDS Epidemiology Program (HAEP), 2 Peachtree Street, Atlanta Georgia 30303.

Data are presented for a facility-based sample of cases of HIV infection among pregnant women delivering a live birth in Georgia during 2005-2010. All data are provisional.

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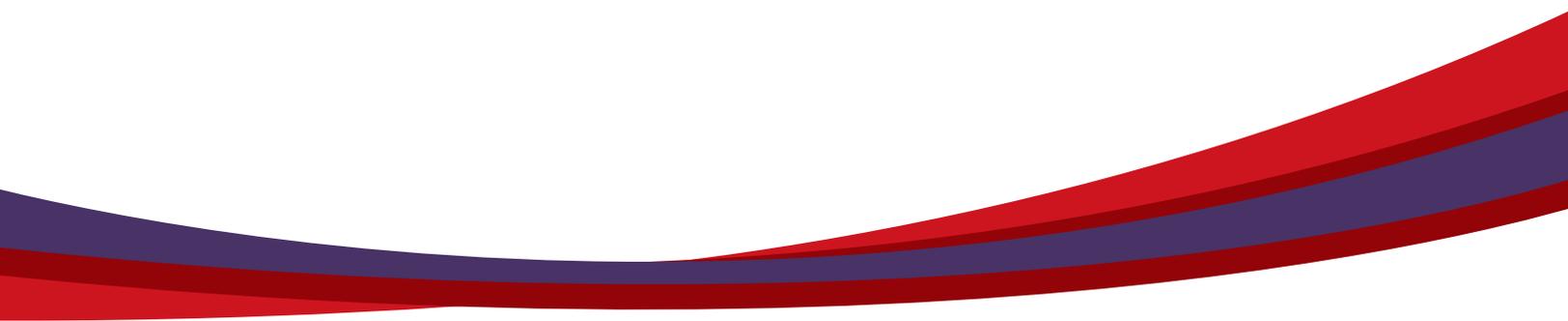
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# Table of Contents

Mother-To-Child Transmission in Georgia .....	3
Technical Notes .....	4
Tabulation and Presentation of Data .....	4
Limitations .....	5
References.....	6
Tables .....	7
Figures .....	24
Appendix A - Georgia EPS Tertiary Care Facilities .....	33
Appendix B - Enhanced Perinatal Abstraction Form .....	34



## Background

During 2006-2011, the Georgia Department of Public Health (GDPH) was one of 15 sites funded by the Centers for Disease Control and Prevention (CDC) to conduct Enhanced HIV/AIDS Surveillance for Perinatal Prevention (also referred to as Enhanced Perinatal Surveillance or EPS) in Georgia.<sup>1</sup> EPS was designed to function as an extension to routine HIV/AIDS surveillance activities for the purposes of evaluating the prevention of perinatal HIV transmission and the effects of implementation of United States Preventive Services Task Force recommendations for screening and treatment of pregnant women and infants.<sup>2,3</sup> Georgia law O.C.G.A. § 31-17-4.2 mandates that every physician and health care provider who assumes responsibility for the prenatal care of a pregnant woman during gestation and at delivery shall be required to test for HIV except in cases where the woman refuses the testing.<sup>4</sup> Positive HIV confirmatory test results are reported to the GDPH HIV/AIDS Surveillance Section.

Perinatal surveillance differs in that HIV-exposed infants (those born to HIV-infected mothers) may or may not be infected with HIV. Antibody tests may be positive at birth regardless of the infant's true status due to transplacental transfer of maternal antibodies. Consequently, HIV-exposed infants identified through enhanced perinatal surveillance are followed by EPS staff up to 18 months of age or until their HIV-infection status is determined. It is the objective of EPS to follow the progress toward maximal reduction of perinatal HIV transmission.

Because of staffing shortages and re-structuring, mid-way in the funding period, EPS in Georgia was transitioned from a population-based to a facility-based surveillance system to focus efforts on seven tertiary care centers in Georgia with large maternal and pediatric HIV case loads (see Appendix A). During the last year of CDC funding for EPS (2011) work emphasis shifted from the ascertainment of new cases to the completion and close-out of previously reported cases (births during the years 2005-2010).

As a result, this report provides EPS data on a population based (2005-2006) and facility-based (2007-2010) sample of 695 HIV-infected pregnancies that resulted in 710 live births in Georgia during the years 2005-2010. The data are presented in aggregate for the years 2005-2010. The number of pregnancies investigated and sampling methodology changed during the surveillance period, thus precluding trend analysis. In 2011, the CDC published a surveillance report of EPS in 15 areas from 2005-2008<sup>1</sup> including information on 8,054 infants. Similar to the national report, this document is organized in three sections: (a) demographic, behavioral, and clinical information on HIV-infected pregnant women who gave birth; (b) demographic, behavioral, and clinical information on those women, by race/ethnicity; and (c) clinical information on infants born to these HIV-infected women. Figures 1-18 compare this Georgia sample of 710 HIV-exposed infants to the national sample of 8,054 infants. These data can be used to inform interventions to improve perinatal transmission prevention in Georgia. Missed opportunities to prevent perinatal infection have been noted in as many as 60% of HIV infected pregnancies nationally in the US<sup>5</sup>

## Highlights

1. The number of HIV infected pregnancies included in this report decreased over time; however, the data cannot be used for trend analysis.
2. EPS cases in this analysis are a sample of 695 HIV-infected pregnancies that resulted in 710 live births in Georgia in 2005-2010.
3. The majority (85%) of HIV-infected women reported to EPS were black, non-Hispanic. Hispanic/Latinos and white, non-Hispanics constituted 6% and 7% of the total sample, respectively. Other races made up 2%, and unknown race, less than 1% of the sample.
4. The majority (58%) of HIV-infected pregnant women in Georgia had an unknown transmission category, supporting the concept that many women are unaware of their sexual partners' HIV status or high-risk behavior. Thirty-seven percent reported high-risk heterosexual contact. Only 2% had known exposure through injection drug use.
5. Most (90%) HIV-infected women in Georgia received some prenatal care. This proportion was comparable across races with 90% of black, 93% of Hispanic/Latino and 89% of white women receiving some prenatal care.
6. Almost two-thirds (64%) of HIV-infected pregnant women in Georgia were diagnosed before pregnancy, and 32% were diagnosed during pregnancy. Only 1% were found to be HIV infected at delivery and 1% after birth. Two percent had an unknown timing of their HIV diagnosis.
7. Most (81%) HIV-infected pregnant women in Georgia received prenatal antiretroviral therapy (ART) with 14% unknown; most (83%) received intrapartum ART with 12% unknown.
8. Prenatal ART use was documented for 80% of black, 83% of Hispanic/Latino and 85% of white HIV-infected pregnant women in Georgia. Prenatal ART use was unknown for 15%, 15% and 4% of black, Hispanic/Latino and white HIV-infected pregnancies, respectively.
9. Intrapartum ART delivery was documented for 84% of black, 75% of Hispanic/Latino and 89% of white HIV-infected pregnant women in Georgia. Intrapartum ART use was unknown for 12%, 2% and 4% of black, Hispanic/Latino and white HIV-infected pregnancies, respectively.
10. Most (87%) HIV-exposed infants received ART during the neonatal period with 12% unknown.
11. Assessment of neonatal ART use by race is limited by missing data: 11%, 27% and 11% were unknown for black, Hispanic/Latino and white HIV-exposed infants, respectively.
12. Similarly, data are missing for almost three fourths (74%) of HIV-exposed infants with regard to the proportion of HIV-exposed infants receiving *Pneumocystis* prophylaxis.
13. Most (59%) of HIV-infected pregnant women in Georgia delivered via elective cesarean-section; 31% had a vaginal delivery, 5% had a non-elective cesarean-section, 3% had a cesarean-section of unknown type and 3% had an unknown delivery type.
14. Almost two-thirds (62%) of HIV-infected pregnant women in Georgia had no documented use of illicit drugs during pregnancy with 26% unknown. Only 12% had a documented use of illicit drugs during pregnancy.
15. Most (59%) HIV-infected pregnant women in Georgia reported no tobacco or alcohol use during pregnancy with 26% unknown. Eleven percent reported tobacco use only, 2% alcohol use only, and 2% both tobacco and alcohol use.
16. Based on this sample of 695 HIV-infected pregnancies resulting in 710 live births in Georgia during 2005-2010, 2.5% (18/710) of HIV-exposed infants were diagnosed with mother-to-child HIV transmission; 317 infants (45%) were not infected with HIV and 375 (53%) remain in the indeterminate category. This is comparable to the US national rate of 2% mother-to-child transmission reported in the CDC EPS Surveillance Report.<sup>1</sup>
17. By race and ethnicity, the following percentages of HIV-exposed infants were delivered preterm: 26% of black infants, 20% of Hispanic/Latino infants, and 26% of white infants.
18. By race and ethnicity, the following percentages of HIV-exposed infants were low or very low birth weight: 24% of black infants, 12% of Hispanic/Latino infants, and 28% of white infants.

## Mother-To-Child Transmission in Georgia

Of the 18 pregnancies that resulted in mother-to-child (MTC) HIV transmission, 12 had received at least one prenatal visit (range 5-10), 4 had received no prenatal care, and the prenatal care status of 2 was unknown. Of the 12 women receiving prenatal care, all except two were diagnosed with HIV infection before or during pregnancy. One woman's diagnosis timing was unknown. One woman receiving prenatal care was HIV-negative early in pregnancy, was subsequently diagnosed with HIV after birth and faced extenuating social circumstances, including IV drug use and homelessness. Eight of ten women receiving prenatal care with a diagnosis of HIV prior to birth also received ART during pregnancy; one was not adherent to ART and one's prenatal ART status was unknown. Nine of ten received intrapartum ART; one woman delivered precipitously while in jail.

Of the six women with no or unknown prenatal care, three were known to be HIV infected before pregnancy, two were diagnosed at delivery, and one after delivery. One mother with no prenatal care did have CD4 and/or viral loads measured during pregnancy and received prenatal and intrapartum ART. Of the remaining three without prenatal care, one woman noted a lack of insurance coverage, one was born outside the US and had a significant language barrier, and one had a history of psychiatric disorder and substance abuse. One woman with unknown prenatal care had documented prenatal and intrapartum ART use.

Four women had Stage 3 disease or AIDS (CD4 < 200 or opportunistic infection) during pregnancy. Fifteen of eighteen pregnancies resulting in mother-to child transmission delivered via cesarean section. Eleven were preterm deliveries (< 37 weeks gestational age, range 27-36 weeks). All 18 infants received ART at birth. Eight infants were discharged on Pneumocystis prophylaxis with data missing for ten. Two infants had a diagnosis of AIDS.

Records indicate that most of these mothers faced challenging social circumstances, including sexually transmitted disease diagnosed during pregnancy (8), substance abuse during pregnancy (7), homelessness (1), psychiatric disorder (1), incarceration during pregnancy (1), referral to Georgia Division of Family and Children Services (1) and language barrier (1).



## Technical Notes

This surveillance report describes the data collected in Georgia through the CDC-funded Enhanced Perinatal Surveillance (EPS) project. Data were collected using both the HIV Case Report Form and a supplemental EPS data abstraction form (see Appendix B).

Mother-infant pairs were identified through several means: pediatric HIV surveillance, birth registry match, hospital discharge summaries, and personal communication with case managers and personnel at tertiary medical facilities and pediatric clinics. Linkage with the enhanced HIV/AIDS Reporting System (eHARS) and the birth registry for the birth years 2005-2010 assisted with identifying possible mother-infant pairs.

Using the EPS abstraction form, we collected information on the mother's demographics, prenatal care, sexually transmitted disease screenings, HIV testing history, receipt of antiretroviral therapy (ART), alcohol, tobacco and substance abuse, type of delivery, and infant's clinical information, including whether the infant was prescribed ART and Pneumocystis prophylaxis. Methods used to collect these data required linkage of mother-infant pairs and review of records of both mother and infant. These records included prenatal care records, maternal HIV clinical records, labor and delivery records, pediatric birth records, pediatric clinic records, birth certificates, death certificates and health department records with matching to eHARS. Follow up of the infants' HIV status was conducted until the infant's HIV status was ascertained or indeterminate. Indeterminate cases include cases with missing or unknown HIV status as of linkage with eHARS in May 2013.

For the years 2005-2006, Georgia performed population-based data collection to include all HIV-exposed infants born within the state of Georgia. For 2007-2010, Georgia performed facility-based data collection from seven facilities identified as serving large numbers of HIV-infected women (e.g., delivery hospitals) and HIV-exposed children.

## Tabulation and Presentation of Data

Data in this report are provisional. All data are aggregated for Georgia 2005-2010 and for the national US sample of 15 jurisdictions 2005-2008. The race/ethnicity categories used in this report are the categories used following the implementation of the Office of Management and Budget (OMB) Statistical Policy Directive 15<sup>6</sup> and are the same categories used by the CDC. Because of the small numbers of HIV-infected pregnancies among American Indian/Alaska Native, Asian and Native Hawaiian/Other Pacific Islander women in Georgia, data are depicted only for black, Hispanic/Latino and white pregnancies with all other race and ethnicity groups aggregated as "Other".

In this analysis, transmission categories for HIV-infected women use the CDC-assigned definition, and are hierarchical. If a woman is reported as having more than one possible route of transmission, she is counted only once in the transmission category listed first in the hierarchy. The heterosexual contact category refers specifically to women who have reported heterosexual contact with a man known to be infected with HIV or who is known to be at increased risk for acquiring HIV infection (e.g. via injection drug use or male to male sexual contact).

In this report, missing data are indicated as unknown. Missing data may result from incomplete medical records, patients who are lost to follow-up, or the unavailability of records. Children younger than 18 months born to an HIV-infected mother are classified as infected or not infected only if virologic or antibody testing confirms this status during specified periods. Children for whom such laboratory results are missing, or which were not performed during the specified period to confirm or rule out infection, are classified as indeterminate.<sup>7</sup> As more than half (53%) of infants are classified in this report as having indeterminate HIV status, caution must be used in interpreting perinatal HIV transmission rates. It is presumed that many, if not all, of these cases are not infected with HIV, but their status is categorized as indeterminate because the criteria for classification as not infected has not been met.

CDC funding for EPS in Georgia ended in December 2011. The GDPH HIV/AIDS Surveillance program assumes ongoing responsibility for surveillance of adult and pediatric HIV infection, but is unable to complete the additional detailed medical records abstractions performed through EPS.

## **Limitations**

This report of EPS in Georgia 2005-2010 and comparison to the national sample 2005-2008 is subject to several limitations:

1. The methodology changed mid-point from population-based to facility-based, precluding trend analysis.
2. The facility-based sample may not accurately reflect HIV perinatal care for all of Georgia.
3. The large proportion of unknown values for some variables limits comparisons within category and to the national sample.
4. The large proportion of indeterminate HIV status for HIV-exposed infants limits estimation of mother-to-child (MTC) transmission in Georgia using this sample. However, as all HIV confirmatory laboratory tests are reported to Georgia HIV/AIDS Surveillance, it is unlikely that infants included in this sample (born 2005-2010) with HIV positive tests would have not been reported by 2013.
5. Women who are HIV-infected before pregnancy are usually not reported again to surveillance in Georgia upon becoming pregnant, limiting identification of the denominator of all HIV- infected pregnancies in Georgia, and calculation of MTC transmission in Georgia.
6. The definition of heterosexual contact as sexual contact with a man known to be HIV infected or in a high-risk transmission category (e.g., injection drug use or men who have sex with men) contributes to the high proportion of women with an unknown transmission category
7. All data presented in this report are provisional.

## References

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## Tables

Table 1. Number and percentage of HIV-infected pregnant women who gave birth to a live infant, by year of infant's birth and selected characteristics of mother, 2005-2010 – Georgia														
	Year of infant's birth												Cumulative	
	2005		2006		2007		2008		2009		2010		Total	
	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>b</sup>
<b>Age at delivery (yr)</b>														
13-19	7	5	5	3	12	12	12	11	7	6	5	7	48	7
20-24	34	23	46	31	29	28	31	29	33	28	26	38	199	29
25-34	91	60	72	49	46	44	48	44	59	51	31	45	347	50
≥ 35	19	13	24	16	17	16	17	16	17	15	7	10	101	15
<b>Race/ethnicity</b>														
Black/African American	127	84	127	86	84	81	90	83	104	90	62	90	594	85
Hispanic/Latino	11	7	9	6	9	9	4	4	3	3	4	6	40	6
White	9	6	10	7	9	9	9	8	6	5	3	4	46	7
Other <sup>c</sup>	4	3	0	0	2	2	4	4	2	2	0	0	12	2
Unknown	0	0	1	1	0	0	1	1	1	1	0	0	3	<1
<b>Transmission category</b>														
Injection drug use	3	2	7	5	1	1	1	1	4	3	1	1	17	2
Heterosexual contact <sup>d</sup>	73	48	39	27	46	44	37	34	41	35	18	26	254	37
Other <sup>e</sup>	3	2	1	1	6	6	2	2	5	4	3	4	20	3
Unknown	72	48	100	68	51	49	68	63	66	57	47	68	404	58
<b>Marital status</b>														
Single	86	57	107	73	73	70	70	65	92	79	57	83	485	70
Married	37	25	34	23	20	19	32	30	18	16	8	12	149	21
Separated	1	1	1	1	3	3	1	1	3	3	1	1	10	1
Divorced	3	2	4	3	2	2	1	1	2	2	1	1	13	2
Widowed	3	2	1	1	0	0	0	0	0	0	1	1	5	1
Unknown	21	14	0	0	6	6	4	4	1	1	1	1	33	5
<b>Mother's country of birth</b>														
United States	92	61	107	73	87	84	87	81	99	85	57	83	529	76
Other	9	6	28	19	11	11	13	12	13	11	11	16	85	12
Unknown	50	33	12	8	6	6	8	7	4	3	1	1	81	12
<b>Total</b>	<b>151</b>		<b>147</b>		<b>104</b>		<b>108</b>		<b>116</b>		<b>69</b>		<b>695</b>	

Note: Because of rounding, column percentages may not total 100%.

<sup>a</sup> Percentages represent proportions of the total number of HIV-infected pregnancies for a given birth year.

<sup>b</sup> Percentages represent proportions of the total number of HIV-infected pregnancies for all six birth years.

<sup>c</sup> Includes Asian, American Indian/ Alaskan Native, Native Hawaiian/ Other Pacific Islander, multiple races and other races.

<sup>d</sup> Heterosexual contact with a person known to have, or be at high risk for, HIV.

<sup>e</sup> Includes blood transfusion and perinatal exposure.

Table 2. Prenatal care of HIV-infected women, by year of infant's birth, 2005-2010 – Georgia														
	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Prenatal care<sup>a</sup></b>														
Yes	117	77	129	88	102	98	102	94	112	97	65	94	627	90
No	9	6	7	5	0	0	4	4	4	3	4	6	28	4
Unknown	25	17	11	7	2	2	2	2	0	0	0	0	40	6
<b>Total</b>	<b>151</b>		<b>147</b>		<b>104</b>		<b>108</b>		<b>116</b>		<b>69</b>		<b>695</b>	

Note: Because of rounding, column percentages may not total 100%.

<sup>a</sup> Includes only women who had documentation of prenatal care in their records. Prenatal care is the regular health care women should receive during pregnancy from an obstetrician or midwife.

Table 3. Timing of HIV testing diagnosis of HIV-infected women, by year of infant's birth, 2005-2010 – Georgia														
	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Timing of mother's HIV test</b>														
Before pregnancy	92	61	84	57	74	71	74	69	77	66	44	64	445	64
During pregnancy	52	34	57	39	28	27	30	28	35	30	23	33	225	32
At delivery	1	1	2	1	0	0	1	1	1	1	1	1	6	1
After birth	1	1	1	1	1	1	0	0	1	1	0	0	4	1
Unknown	5	3	3	2	1	1	3	3	2	2	1	1	15	2
<b>Total</b>	<b>151</b>		<b>147</b>		<b>104</b>		<b>108</b>		<b>116</b>		<b>69</b>		<b>695</b>	

Note: Because of rounding, column percentages may not total 100%.

Table 4. Receipt of antiretroviral therapy by HIV-infected women and HIV-exposed infants, by timing of therapy receipt and year of infant's birth, 2005-2010 – Georgia														
Receipt of antiretroviral therapy	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Prenatal period – HIV-infected women<sup>a</sup></b>														
Yes	115	76	107	73	89	86	84	78	103	89	65	94	563	81
No	9	6	10	7	2	2	3	3	6	5	3	4	33	5
Unknown	27	18	30	20	13	13	21	19	7	6	1	1	99	14
<b>Total</b>	<b>151</b>		<b>147</b>		<b>104</b>		<b>108</b>		<b>116</b>		<b>69</b>		<b>695</b>	
<b>Intrapartum period – HIV-infected women<sup>a</sup></b>														
Yes	109	72	116	79	97	93	87	81	107	92	64	93	580	83
No	8	5	8	5	1	1	9	8	5	4	2	3	33	5
Unknown	34	23	23	16	6	6	12	11	4	3	3	4	82	12
<b>Total</b>	<b>151</b>		<b>147</b>		<b>104</b>		<b>108</b>		<b>116</b>		<b>69</b>		<b>695</b>	
<b>Neonatal period – HIV-exposed infants<sup>b</sup></b>														
Yes	141	92	123	82	96	88	95	86	97	83	64	93	616	87
No	0	0	1	1	0	0	5	5	3	3	0	0	9	1
Unknown	13	8	26	17	13	12	11	10	17	15	5	7	85	12
<b>Total</b>	<b>154</b>		<b>150</b>		<b>109</b>		<b>111</b>		<b>117</b>		<b>69</b>		<b>710</b>	

Note: Because of rounding, column percentages may not total 100%.

<sup>a</sup> Prenatal and intrapartum antiretroviral therapy are reported for each pregnancy. The numbers of women receiving antiretroviral therapy prenatally and intrapartum are not mutually exclusive.

<sup>b</sup> Neonatal antiretroviral therapy is reported for each HIV-exposed infant.

Table 5. Method of delivery for HIV-infected women, by year of infant's birth, 2005-2010 – Georgia														
	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Method of delivery</b>														
Vaginal	50	33	39	27	28	27	32	30	38	33	28	41	215	31
Cesarean														
Elective <sup>a</sup>	92	61	92	63	68	65	62	57	71	61	24	35	409	59
Non-elective	4	3	7	5	3	3	4	4	5	4	9	13	32	5
Type of decision unknown	0	0	1	1	3	3	6	6	1	1	8	12	19	3
Unknown	5	3	8	5	2	2	4	4	1	1	0	0	20	3
<b>Total</b>	<b>151</b>		<b>147</b>		<b>104</b>		<b>108</b>		<b>116</b>		<b>69</b>		<b>695</b>	

Note: Because of rounding, column percentages may not total 100%.

<sup>a</sup> Refers to a cesarean section that is performed before the membranes rupture and before labor begins. However, a planned cesarean section that was performed ahead of schedule because of unexpected circumstances was considered elective.

Table 6. Substance use and toxicology screening of HIV-infected women during pregnancy, by year of infant's birth, 2005-2010 – Georgia														
	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Illicit drug use<sup>a</sup></b>														
Yes	19	13	21	14	6	6	12	11	13	11	10	14	81	12
No	76	50	80	54	78	75	65	60	82	71	51	74	432	62
Unknown	56	37	46	31	20	19	31	29	21	18	8	12	182	26
<b>Alcohol/tobacco use<sup>b</sup></b>														
Alcohol	1	1	3	2	1	1	3	3	3	3	2	3	13	2
Tobacco	10	7	22	15	8	8	11	10	15	13	11	16	77	11
Alcohol and tobacco	2	1	5	3	0	0	2	2	4	3	0	0	13	2
Neither	82	54	71	48	75	72	61	56	73	63	48	70	410	59
Unknown	56	37	46	31	20	19	31	29	21	18	8	12	182	26
<b>Toxicology screening<sup>c</sup></b>														
Positive result	16	11	18	12	4	4	10	9	15	13	6	9	69	10
Negative result	40	26	54	37	34	33	31	29	52	45	37	54	248	36
Not done	4	3	1	1	3	3	2	2	2	2	0	0	12	2
Unknown	91	60	74	50	63	61	65	60	47	41	26	38	366	53
<b>Total</b>	<b>151</b>		<b>147</b>		<b>104</b>		<b>108</b>		<b>116</b>		<b>69</b>		<b>695</b>	

Note: Because of rounding, column percentages may not total 100%.

<sup>a</sup> Included only if noted in medical or social work records during pregnancy: amphetamines, barbiturates, benzodiazepines, cocaine, crack, hallucinogens, heroin, marijuana, methadone, methamphetamines, opiates, or other drugs.

<sup>b</sup> Included only if noted in the medical or social work records during pregnancy.

<sup>c</sup> Conducted during pregnancy. If more than one toxicology screening was done and any result was positive, the screening result was considered positive.

Table 7. Infectious disease screening of HIV-infected women during pregnancy, by year of infant's birth, 2005-2010 – Georgia														
	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
Screening <sup>a</sup>	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Group B Streptococcus</b>														
Yes	75	50	95	65	68	65	65	60	76	66	49	71	428	62
No	7	5	6	4	0	0	3	3	1	1	2	3	19	3
Unknown	69	46	46	31	36	35	40	37	39	34	18	26	248	36
<b>Hepatitis B</b>														
Yes	118	78	135	92	89	86	87	81	100	86	64	93	593	85
No	1	1	0	0	0	0	0	0	0	0	0	0	1	<1
Unknown	32	21	12	8	15	14	21	19	16	14	5	7	101	15
<b>Rubella</b>														
Yes	119	79	136	93	88	85	86	80	98	84	61	88	588	85
No	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	32	21	11	7	16	15	22	20	18	16	8	12	107	15
<b>Syphilis</b>														
Yes	111	74	131	89	82	79	80	74	96	83	67	97	567	82
No	0	0	0	0	0	0	0	0	1	1	0	0	1	<1
Unknown	40	26	16	11	22	21	28	26	19	16	2	3	127	18
<b>Total</b>	<b>151</b>		<b>147</b>		<b>104</b>		<b>108</b>		<b>116</b>		<b>69</b>		<b>695</b>	

Note: Because of rounding, column percentages may not total 100%.

<sup>a</sup> Screening performed during pregnancy. Each woman is represented four times, once for each condition.

Table 8. Number and percentage of HIV-infected women with test results for sexually transmitted diseases or other selected conditions, by year of infant's birth, 2005-2010 – Georgia														
	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
Diagnosis	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Sexually transmitted disease<sup>a</sup></b>														
Yes	35	23	47	32	39	38	33	31	40	34	22	32	216	31
No or unknown <sup>b</sup>	116	77	100	68	65	63	75	69	76	66	47	68	479	69
<b>Selected condition<sup>c</sup></b>														
Yes	19	13	39	27	26	25	21	19	20	17	16	23	141	20
No or unknown <sup>d</sup>	132	87	108	73	78	75	87	81	96	83	53	77	554	80
<b>Total</b>	<b>151</b>		<b>147</b>		<b>104</b>		<b>108</b>		<b>116</b>		<b>69</b>		<b>695</b>	

Note: Because of rounding, column percentages may not total 100%.

<sup>a</sup> Includes presumptive or definitive diagnosis during pregnancy of the following sexually transmitted diseases: chlamydia, genital herpes (primary herpes and active lesions), gonorrhea, hepatitis B, syphilis, and trichomonas.

<sup>b</sup> There were no cases where trichomonas diagnosis was definitively negative. However, women in the "No or unknown" category did not have a known positive diagnosis of the above sexually transmitted infections.

<sup>c</sup> Includes presumptive or definitive diagnosis during pregnancy of the following conditions: bacterial vaginosis, group B Streptococcus, hepatitis C, or pelvic inflammatory disease.

<sup>d</sup> There were no cases where bacterial vaginosis diagnosis was definitively negative. However, women in the "No or unknown" category did not have a known positive diagnosis of the selected conditions.

Table 9. Prenatal care of HIV-infected women, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia

	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Black/African American</b>														
<b>Prenatal care<sup>a</sup></b>														
Yes	99	78	112	88	82	98	85	94	100	96	58	94	536	90
No	6	5	7	6	0	0	3	3	4	4	4	6	24	4
Unknown	22	17	8	6	2	2	2	2	0	0	0	0	34	6
<b>Total</b>	<b>127</b>		<b>127</b>		<b>84</b>		<b>90</b>		<b>104</b>		<b>62</b>		<b>594</b>	
<b>Hispanic/Latino</b>														
<b>Prenatal care<sup>a</sup></b>														
Yes	10	91	7	78	9	100	4	100	3	100	4	100	37	93
No	1	9	0	0	0	0	0	0	0	0	0	0	1	3
Unknown	0	0	2	22	0	0	0	0	0	0	0	0	2	5
<b>Total</b>	<b>11</b>		<b>9</b>		<b>9</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>40</b>	
<b>White</b>														
<b>Prenatal care<sup>a</sup></b>														
Yes	5	56	10	100	9	100	8	89	6	100	3	100	41	89
No	2	22	0	0	0	0	1	11	0	0	0	0	3	7
Unknown	2	22	0	0	0	0	0	0	0	0	0	0	2	4
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Other and unknown races are excluded due to small numbers. See Table 2 for cumulative totals of all races.

<sup>a</sup> Includes only women who had documentation of prenatal care in their records. Prenatal care is the regular health care women should receive during pregnancy from an obstetrician or midwife.



Table 10. Timing of HIV testing diagnosis of HIV-infected women, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia

Timing of mother's HIV test	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Black/African American</b>														
Before pregnancy	75	59	73	57	58	69	62	69	68	65	40	65	376	63
During pregnancy	47	37	49	39	24	29	26	29	32	31	21	34	199	34
At delivery	0	0	2	2	0	0	0	0	1	1	1	2	4	1
After birth	0	0	0	0	1	1	0	0	1	1	0	0	2	<1
Unknown	5	4	3	2	1	1	2	2	2	2	0	0	13	2
<b>Total</b>	<b>127</b>		<b>127</b>		<b>84</b>		<b>90</b>		<b>104</b>		<b>62</b>		<b>594</b>	
<b>Hispanic/Latino</b>														
Before pregnancy	7	64	4	44	8	89	2	50	3	100	1	25	25	63
During pregnancy	3	27	5	56	1	11	2	50	0	0	2	50	13	33
At delivery	1	9	0	0	0	0	0	0	0	0	0	0	1	3
After birth	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	1	25	1	3
<b>Total</b>	<b>11</b>		<b>9</b>		<b>9</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>40</b>	
<b>White</b>														
Before pregnancy	7	78	6	60	8	89	5	56	5	83	3	100	34	74
During pregnancy	1	11	3	30	1	11	2	22	1	17	0	0	8	17
At delivery	0	0	0	0	0	0	1	11	0	0	0	0	1	2
After birth	1	11	1	10	0	0	0	0	0	0	0	0	2	4
Unknown	0	0	0	0	0	0	1	11	0	0	0	0	1	2
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Other and unknown races are excluded due to small numbers. See Table 3 for cumulative totals of all races.

Table 11. Receipt of antiretroviral therapy by HIV-infected women and HIV-exposed infants, by timing of receipt of therapy, race/ethnicity, and year of infant's birth, 2005-2010 – Georgia

Receipt of antiretroviral therapy	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Black/African American</b>														
<b>Prenatal period – HIV-infected women</b>														
Yes	96	76	92	72	71	85	70	78	91	88	58	94	478	80
No	6	5	9	7	2	2	1	1	6	6	3	5	27	5
Unknown	25	20	26	20	11	13	19	21	7	7	1	2	89	15
<b>Total</b>	<b>127</b>		<b>127</b>		<b>84</b>		<b>90</b>		<b>104</b>		<b>62</b>		<b>594</b>	
<b>Intrapartum period – HIV-infected women</b>														
Yes	91	72	102	80	78	93	73	81	95	91	57	92	496	84
No	6	5	6	5	1	1	7	8	5	5	2	3	27	5
Unknown	30	24	19	15	5	6	10	11	4	4	3	5	71	12
<b>Total</b>	<b>127</b>		<b>127</b>		<b>84</b>		<b>90</b>		<b>104</b>		<b>62</b>		<b>594</b>	
<b>Neonatal period – HIV-exposed infants</b>														
Yes	122	94	109	84	79	90	80	86	86	82	58	94	534	88
No	0	0	1	1	0	0	4	4	3	3	0	0	8	1
Unknown	8	6	20	15	9	10	9	10	16	15	4	6	66	11
<b>Total</b>	<b>130</b>		<b>130</b>		<b>88</b>		<b>93</b>		<b>105</b>		<b>62</b>		<b>608</b>	
<b>Hispanic/Latino</b>														
<b>Prenatal period – HIV-infected women</b>														
Yes	9	82	6	67	8	89	3	75	3	100	4	100	33	83
No	1	9	0	0	0	0	0	0	0	0	0	0	1	3
Unknown	1	9	3	33	1	11	1	25	0	0	0	0	6	15
<b>Total</b>	<b>11</b>		<b>9</b>		<b>9</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>40</b>	
<b>Intrapartum period – HIV-infected women</b>														
Yes	8	73	4	44	8	89	3	75	3	100	4	100	30	75
No	1	9	1	11	0	0	0	0	0	0	0	0	2	5
Unknown	2	18	4	44	1	11	1	25	0	0	0	0	8	20
<b>Total</b>	<b>11</b>		<b>9</b>		<b>9</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>40</b>	
<b>Neonatal period – HIV-exposed infants</b>														
Yes	8	73	5	56	7	70	3	75	3	100	4	100	30	73
No	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	3	27	4	44	3	30	1	25	0	0	0	0	11	27
<b>Total</b>	<b>11</b>		<b>9</b>		<b>10</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>41</b>	

Table 11. Receipt of antiretroviral therapy by HIV-infected women and HIV-exposed infants, by timing of receipt of therapy, race/ethnicity, and year of infant's birth, 2005-2010 – Georgia (cont.)

Receipt of antiretroviral therapy	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>White</b>														
<b>Prenatal period – HIV-infected women<sup>a</sup></b>														
Yes	7	78	8	80	8	89	7	78	6	100	3	100	39	85
No	2	22	1	10	0	0	2	22	0	0	0	0	5	11
Unknown	0	0	1	10	1	11	0	0	0	0	0	0	2	4
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	
<b>Intrapartum period – HIV-infected women<sup>a</sup></b>														
Yes	7	78	9	90	9	100	7	78	6	100	3	100	41	89
No	1	11	1	10	0	0	1	11	0	0	0	0	3	7
Unknown	1	11	0	0	0	0	1	11	0	0	0	0	2	4
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	
<b>Neonatal period – HIV-exposed infants<sup>b</sup></b>														
Yes	8	89	9	90	9	100	8	89	5	83	2	67	41	89
No	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	1	11	1	10	0	0	1	11	1	17	1	33	5	11
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Other and unknown races are excluded due to small numbers. See Table 4 for cumulative totals of all races.

<sup>a</sup> Prenatal and intrapartum antiretroviral therapy are reported for each pregnancy. The numbers of women receiving antiretroviral therapy prenatally and intrapartum are not mutually exclusive.

<sup>b</sup> Neonatal antiretroviral therapy is reported for each HIV-exposed infant.



Table 12. Method of delivery for HIV-infected women, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia														
Method of delivery	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010		No.	%
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Black/African American</b>														
Vaginal	41	32	30	24	18	21	25	28	34	33	25	40	173	29
Cesarean														
Elective <sup>a</sup>	78	61	84	66	60	71	52	58	64	62	22	35	360	61
Non-elective	4	3	5	4	3	4	4	4	4	4	8	13	28	5
Type of decision unknown	0	0	1	1	1	1	6	7	1	1	7	11	16	3
Unknown	4	3	7	6	2	2	3	3	1	1	0	0	17	3
<b>Total</b>	<b>127</b>		<b>127</b>		<b>84</b>		<b>90</b>		<b>104</b>		<b>62</b>		<b>594</b>	
<b>Hispanic/Latino</b>														
Vaginal	5	45	3	33	4	44	1	25	1	33	2	50	16	40
Cesarean														
Elective <sup>a</sup>	6	55	4	44	4	44	2	50	2	67	1	25	19	48
Non-elective	0	0	1	11	0	0	0	0	0	0	0	0	1	3
Type of decision unknown	0	0	0	0	1	11	0	0	0	0	1	25	2	5
Unknown	0	0	1	11	0	0	1	25	0	0	0	0	2	5
<b>Total</b>	<b>11</b>		<b>9</b>		<b>9</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>40</b>	
<b>White</b>														
Vaginal	2	22	6	60	4	44	3	33	1	17	1	33	17	37
Cesarean														
Elective <sup>a</sup>	6	67	4	40	4	44	6	67	4	67	1	33	25	54
Non-elective	0	0	0	0	0	0	0	0	1	17	1	33	2	4
Type of decision unknown	0	0	0	0	1	11	0	0	0	0	0	0	1	2
Unknown	1	11	0	0	0	0	0	0	0	0	0	0	1	2
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Other and unknown races are excluded due to small numbers. See Table 5 for cumulative totals of all races.

<sup>a</sup> Refers to a cesarean section that is performed before the membranes rupture and before labor begins. However, a planned cesarean section that was performed ahead of schedule because of unexpected circumstances was considered elective.

Table 13. Substance use and toxicology screening of HIV-infected women during pregnancy, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia

	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>African American</b>														
<b>Illicit drug use<sup>a</sup></b>														
Yes	16	13	18	14	5	6	8	9	13	13	10	16	70	12
No	63	50	71	56	62	74	55	61	71	68	45	73	367	62
Unknown	48	38	38	30	17	20	27	30	20	19	7	11	157	26
<b>Alcohol/tobacco use<sup>b</sup></b>														
Alcohol	1	1	3	2	1	1	2	2	3	3	2	3	12	2
Tobacco	9	7	18	14	5	6	9	10	11	11	8	13	60	10
Alcohol and tobacco	2	2	4	3	0	0	0	0	3	3	0	0	9	2
Neither	67	53	64	50	61	73	52	58	67	64	45	73	356	60
Unknown	48	38	38	30	17	20	27	30	20	19	7	11	157	26
<b>Toxicology screening<sup>c</sup></b>														
Positive result	14	11	16	13	3	4	8	9	14	13	6	10	61	10
Negative result	38	30	43	34	31	37	27	30	48	46	34	55	221	37
Not done	4	3	1	1	0	0	2	2	2	2	0	0	9	2
Unknown	71	56	67	53	50	60	53	59	40	38	22	35	303	51
<b>Total</b>	<b>127</b>		<b>127</b>		<b>84</b>		<b>90</b>		<b>104</b>		<b>62</b>		<b>594</b>	
<b>Hispanic/Latino</b>														
<b>Illicit drug use<sup>a</sup></b>														
Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No	8	73	5	56	8	89	4	100	3	100	3	75	31	78
Unknown	3	27	4	44	1	11	0	0	0	0	1	25	9	23
<b>Alcohol/tobacco use<sup>b</sup></b>														
Alcohol	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tobacco	1	9	1	11	0	0	0	0	1	33	0	0	3	8
Alcohol and tobacco	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neither	7	64	4	44	8	89	4	100	2	67	3	75	28	70
Unknown	3	27	4	44	1	11	0	0	0	0	1	25	9	23
<b>Toxicology screening<sup>c</sup></b>														
Positive result	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Negative result	1	9	5	56	2	22	1	25	1	33	3	75	13	33
Not done	0	0	0	0	2	22	0	0	0	0	0	0	2	5
Unknown	10	91	4	44	5	56	3	75	2	67	1	25	25	63
<b>Total</b>	<b>11</b>		<b>9</b>		<b>9</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>40</b>	

**Table 13. Substance use and toxicology screening of HIV-infected women during pregnancy, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia (cont.)**

	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>White</b>														
<b>Illicit drug use<sup>a</sup></b>														
Yes	2	22	3	30	1	11	3	33	0	0	0	0	9	20
No	3	33	4	40	6	67	4	44	5	83	3	100	25	54
Unknown	4	44	3	30	2	22	2	22	1	17	0	0	12	26
<b>Alcohol/tobacco use<sup>b</sup></b>														
Alcohol	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tobacco	0	0	3	30	3	33	2	22	1	17	3	100	12	26
Alcohol and tobacco	0	0	1	10	0	0	2	22	1	17	0	0	4	9
Neither	5	56	3	30	4	44	3	33	3	50	0	0	18	39
Unknown	4	44	3	30	2	22	2	22	1	17	0	0	12	26
<b>Toxicology screening<sup>c</sup></b>														
Positive result	1	11	2	20	1	11	2	22	1	17	0	0	7	15
Negative result	1	11	5	50	1	11	1	11	1	17	0	0	9	20
Not done	0	0	0	0	1	11	0	0	0	0	0	0	1	2
Unknown	7	78	3	30	6	67	6	67	4	67	3	100	29	63
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Other and unknown races are excluded due to small numbers. See Table 6 for cumulative totals of all races.

<sup>a</sup> Included only if noted in medical or social work records during pregnancy: amphetamines, barbiturates, benzodiazepines, cocaine, crack, hallucinogens, heroin, marijuana, methadone, methamphetamines, opiates, or other drugs.

<sup>b</sup> Included only if noted in the medical or social work records during pregnancy.

<sup>c</sup> Conducted during pregnancy. If more than one toxicology screening was done and any result was positive, the screening result was considered positive.

**Table 14. Type of birth, by year of infant's birth, 2005-2010 – Georgia**

	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>a</sup>	No.	% <sup>b</sup>
<b>Type of birth</b>														
Single	147	95	144	96	98	90	104	94	115	98	68	99	676	95
Twin	6	4	6	4	10	9	6	5	2	2	0	0	30	4
Triplet or greater	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	1	1	0	0	1	1	1	1	0	0	1	1	4	1
<b>Total</b>	<b>154</b>		<b>150</b>		<b>109</b>		<b>111</b>		<b>117</b>		<b>69</b>		<b>710</b>	

Note: Because of rounding, column percentages may not total 100%. Numbers are reported for total number of HIV-exposed infants.

<sup>a</sup> Percentages represent proportions of the total number of HIV-exposed infants for a given birth year.

<sup>b</sup> Percentages represent proportions of the total number of HIV-exposed infants for all six birth years.

**Table 15. Number and percentage of infants receiving prophylaxis against Pneumocystis jiroveci pneumonia during the first year of life, by year of infant's birth, 2005-2010 – Georgia**

	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Prophylaxis received</b>														
Yes	36	23	28	19	23	21	22	20	16	14	10	14	135	19
No	4	3	8	5	13	12	5	5	6	5	17	25	53	7
Unknown	114	74	114	76	73	67	84	76	95	81	42	61	522	74
<b>Total</b>	<b>154</b>		<b>150</b>		<b>109</b>		<b>111</b>		<b>117</b>		<b>69</b>		<b>710</b>	

Note: Because of rounding, column percentages may not total 100%. Numbers and percentages are reported for total number of HIV-exposed infants.

**Table 16. Number and percentage of infants infected with HIV through mother-to-child transmission, by year of infant's birth, 2005-2010 – Georgia**

	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>HIV status</b>														
Infected	3	2	4	3	4	4	3	3	2	2	2	3	18	3
Not infected	98	64	71	47	47	43	38	34	33	28	30	43	317	45
Indeterminate <sup>a</sup>	53	34	75	50	58	53	70	63	82	70	37	54	375	53
<b>Total</b>	<b>154</b>		<b>150</b>		<b>109</b>		<b>111</b>		<b>117</b>		<b>69</b>		<b>710</b>	

Note: Because of rounding, column percentages may not total 100%. Numbers and percentages are reported for total number of HIV-exposed infants.

<sup>a</sup> Includes cases with missing infant's HIV status. Indeterminate status determined as of May 2013.

**Table 17. Number and percentage of infants infected with HIV through mother-to-child transmission, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia**

	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>HIV status</b>														
<b>Black/African American</b>														
Infected	3	2	3	2	4	5	1	1	2	2	2	3	15	2
Not infected	85	65	63	48	39	44	34	37	29	28	26	42	276	45
Indeterminate <sup>a</sup>	42	32	64	49	45	51	58	62	74	70	34	55	317	52
<b>Total</b>	<b>130</b>		<b>130</b>		<b>88</b>		<b>93</b>		<b>105</b>		<b>62</b>		<b>608</b>	
<b>Hispanic/Latino</b>														
Infected	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Not infected	7	64	3	33	5	50	1	25	2	67	3	75	21	51
Indeterminate <sup>a</sup>	4	36	6	67	5	50	3	75	1	33	1	25	20	49
<b>Total</b>	<b>11</b>		<b>9</b>		<b>10</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>41</b>	
<b>White</b>														
Infected	0	0	1	10	0	0	2	22	0	0	0	0	3	7
Not infected	5	56	5	50	2	22	1	11	1	17	1	33	15	33
Indeterminate <sup>a</sup>	4	44	4	40	7	78	6	67	5	83	2	67	28	61
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Numbers and percentages are reported for total number of HIV-exposed infants. Other and unknown races are excluded due to small numbers. See Table 16 for cumulative totals of all races.

<sup>a</sup> Includes cases with missing infant's HIV status. Indeterminate status determined as of May 2013.

Table 18. Birth weight (grams) of children born to HIV-infected women, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia														
	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
Birth weight (gms)	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Black/African American</b>														
Very low birth weight <sup>a</sup>	3	2	7	5	4	5	2	2	7	7	1	2	24	4
Low birth weight <sup>b</sup>	29	22	29	22	15	17	21	23	19	18	9	15	122	20
Normal <sup>c</sup>	96	74	93	72	68	77	68	73	79	75	51	82	455	75
Unknown	2	2	1	1	1	1	2	2	0	0	1	2	7	1
<b>Total</b>	<b>130</b>		<b>130</b>		<b>88</b>		<b>93</b>		<b>105</b>		<b>62</b>		<b>609</b>	
<b>Hispanic/Latino</b>														
Very low birth weight <sup>a</sup>	0	0	0	0	1	10	0	0	0	0	0	0	1	2
Low birth weight <sup>b</sup>	1	9	2	22	1	10	0	0	0	0	0	0	4	10
Normal <sup>c</sup>	10	91	7	78	7	70	4	100	3	100	4	100	35	85
Unknown	0	0	0	0	1	10	0	0	0	0	0	0	1	2
<b>Total</b>	<b>11</b>		<b>9</b>		<b>10</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>41</b>	
<b>White</b>														
Very low birth weight <sup>a</sup>	0	0	0	0	0	0	1	11	0	0	0	0	1	2
Low birth weight <sup>b</sup>	1	11	1	10	2	22	4	44	4	67	0	0	12	26
Normal <sup>c</sup>	8	89	9	90	7	78	4	44	2	33	3	100	33	72
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Numbers and percentages are reported for total number of HIV-exposed infants. Other and unknown races are excluded due to small numbers.

<sup>a</sup> Very low birth weight is defined as less than 1,500 grams.

<sup>b</sup> Low birth weight is defined as weight between 1,500 and 2,499 grams.

<sup>c</sup> Normal birth weight is defined as weight of 2,500 grams or greater.

Table 19. Gestational age at birth among HIV-infected women, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia														
	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
Gestational age by weeks	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Black/African American</b>														
Preterm <sup>a</sup>	27	21	40	31	27	31	24	26	33	31	10	16	161	26
Term <sup>b</sup>	91	70	90	69	54	61	65	70	72	69	52	84	424	70
Unknown	12	9	0	0	7	8	4	4	0	0	0	0	23	4
<b>Total</b>	<b>130</b>		<b>130</b>		<b>88</b>		<b>93</b>		<b>105</b>		<b>62</b>		<b>608</b>	
<b>Hispanic/Latino</b>														
Preterm <sup>a</sup>	2	18	1	11	3	30	2	50	0	0	0	0	8	20
Term <sup>b</sup>	9	82	7	78	3	30	2	50	3	100	4	100	28	68
Unknown	0	0	1	11	4	40	0	0	0	0	0	0	5	12
<b>Total</b>	<b>11</b>		<b>9</b>		<b>10</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>41</b>	
<b>White</b>														
Preterm <sup>a</sup>	2	22	1	10	2	22	5	56	1	17	1	33	12	26
Term <sup>b</sup>	6	67	8	80	7	78	4	44	5	83	2	67	32	70
Unknown	1	11	1	10	0	0	0	0	0	0	0	0	2	4
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Numbers and percentages are reported for total number of HIV-exposed infants. Other and unknown races are excluded due to small numbers.

<sup>a</sup> Preterm is defined as gestational age of less than 37 weeks.

<sup>b</sup> Term is defined as gestational age of greater than or equal to 37 weeks.

**Table 20. Birth defects in the first year of life in children born to HIV-infected women, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia**

Birth defects in first year of life	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Black/African American</b>														
Yes	0	0	0	0	2	2	1	1	0	0	0	0	3	<1
No	9	7	2	2	19	22	20	22	10	10	1	2	61	10
Unknown	121	93	128	98	67	76	72	77	95	90	61	98	544	89
<b>Total</b>	<b>130</b>		<b>130</b>		<b>88</b>		<b>93</b>		<b>105</b>		<b>62</b>		<b>608</b>	
<b>Hispanic/Latino</b>														
Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No	1	9	0	0	4	40	0	0	0	0	0	0	5	12
Unknown	10	91	9	100	6	60	4	100	3	100	4	100	36	88
<b>Total</b>	<b>11</b>		<b>9</b>		<b>10</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>41</b>	
<b>White</b>														
Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No	0	0	0	0	1	11	0	0	0	0	0	0	1	2
Unknown	9	100	10	100	8	89	9	100	6	100	3	100	45	98
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Numbers and percentages are reported for total number of HIV-exposed infants. Other and unknown races are excluded due to small numbers.

**Table 21. Type of facility where prenatal care was provided, by race/ethnicity and year of infant's birth, 2005-2010 – Georgia**

Type of facility	Year of infant's birth												Cumulative Total	
	2005		2006		2007		2008		2009		2010		No.	%
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Black/African American</b>														
Private care (OB/GYN, midwife)	13	10	9	7	7	8	2	2	7	7	1	2	39	7
HMO clinic	0	0	2	2	0	0	0	0	0	0	0	0	2	<1
OB/GYN clinic	48	38	57	45	27	32	15	17	37	36	33	53	217	37
Adult HIV specialty clinic	2	2	2	2	0	0	0	0	0	0	0	0	4	1
Correctional facility	2	2	2	2	1	1	0	0	0	0	0	0	5	1
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	62	49	55	43	49	58	73	81	60	58	28	45	327	55
<b>Total</b>	<b>127</b>		<b>127</b>		<b>84</b>		<b>90</b>		<b>104</b>		<b>62</b>		<b>594</b>	
<b>Hispanic/Latino</b>														
Private care (OB/GYN, midwife)	2	18	0	0	1	11	0	0	0	0	0	0	3	8
HMO clinic	1	9	0	0	0	0	0	0	0	0	0	0	1	3
OB/GYN clinic	4	36	3	33	6	67	1	25	0	0	1	25	15	38
Adult HIV specialty clinic	0	0	1	11	0	0	0	0	0	0	0	0	1	3
Correctional facility	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	4	36	5	56	2	22	3	75	3	100	3	75	20	50
<b>Total</b>	<b>11</b>		<b>9</b>		<b>9</b>		<b>4</b>		<b>3</b>		<b>4</b>		<b>40</b>	
<b>White</b>														
Private care (OB/GYN, midwife)	2	22	0	0	1	11	1	11	0	0	0	0	4	9
HMO clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OB/GYN clinic	1	11	6	60	3	33	2	22	2	33	0	0	14	30
Adult HIV specialty clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Correctional facility	1	11	1	10	0	0	0	0	0	0	0	0	2	4
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	5	56	3	30	5	56	6	67	4	67	3	100	26	57
<b>Total</b>	<b>9</b>		<b>10</b>		<b>9</b>		<b>9</b>		<b>6</b>		<b>3</b>		<b>46</b>	

Note: Because of rounding, column percentages may not total 100%. Numbers and percentages are reported for total number of HIV-infected pregnancies. Other and unknown races are excluded due to small numbers.

## Figures

Figure 1

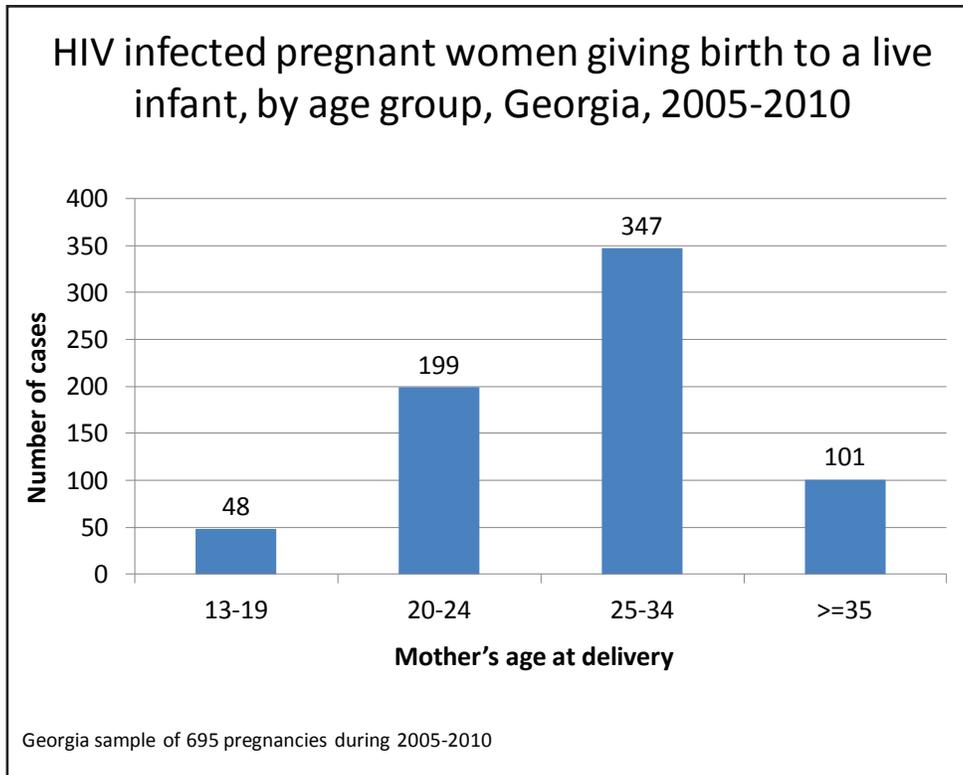


Figure 2

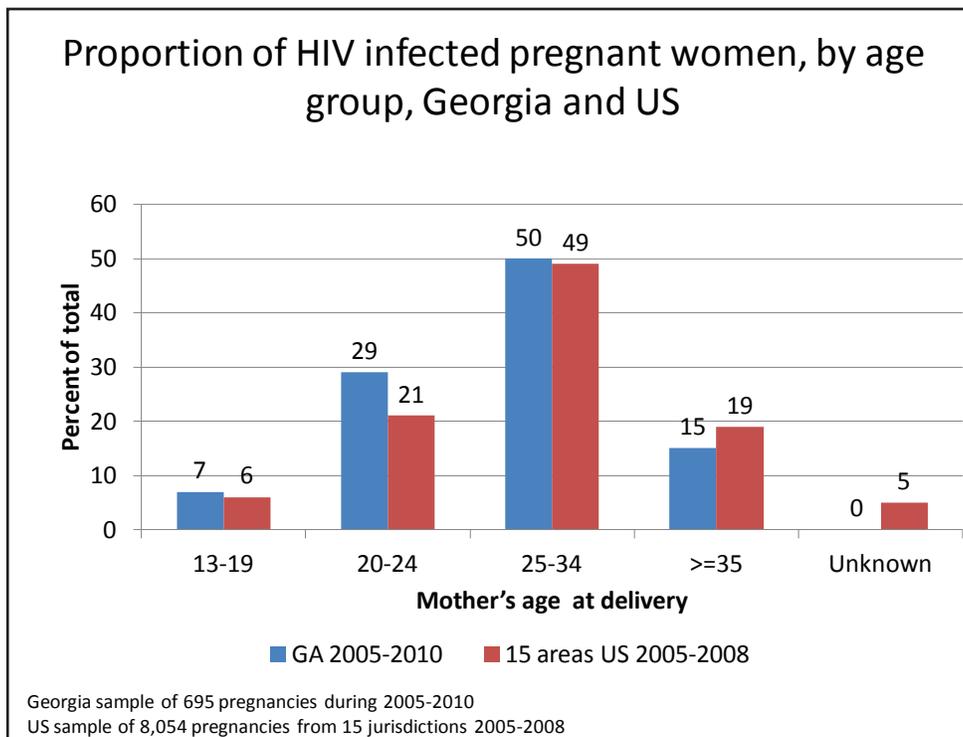


Figure 3

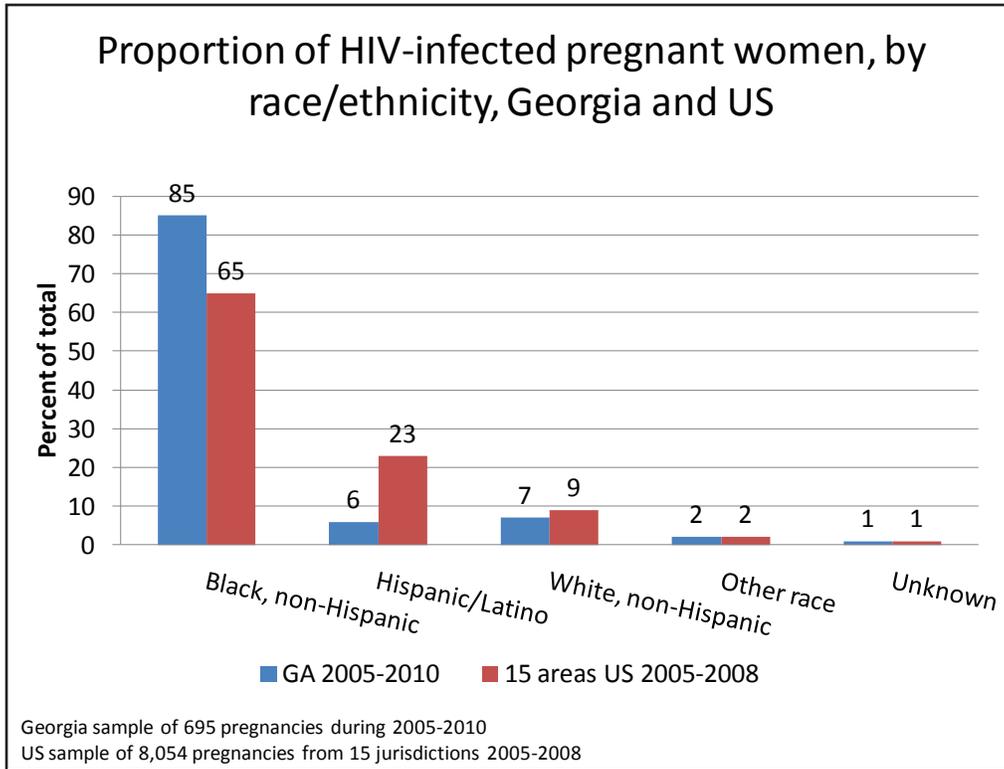


Figure 4

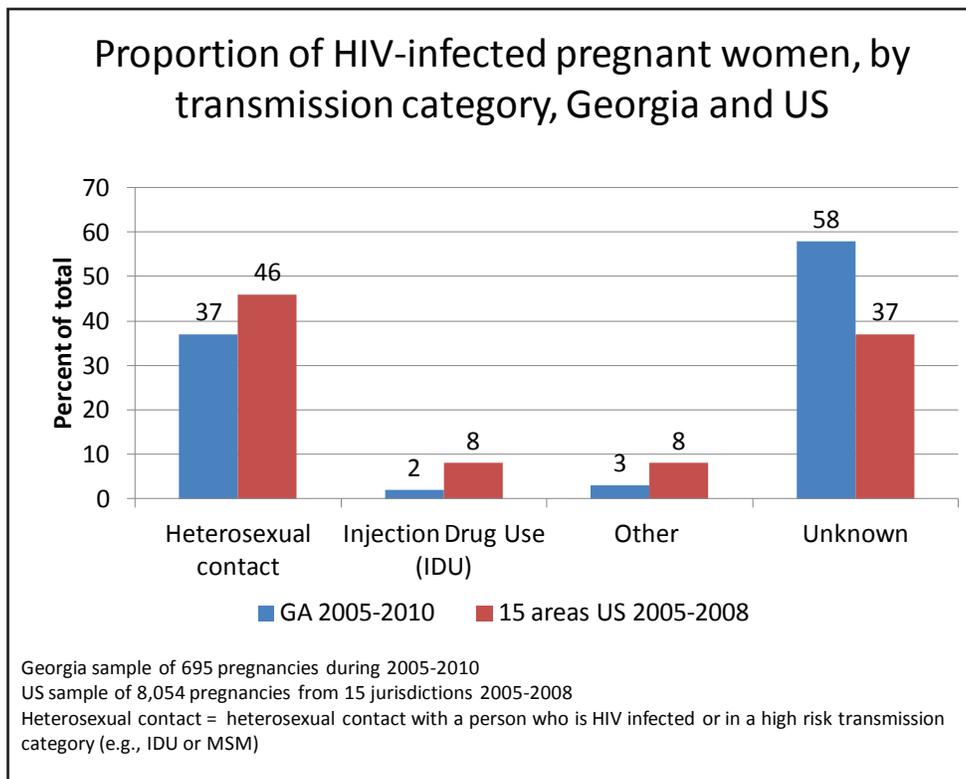


Figure 5

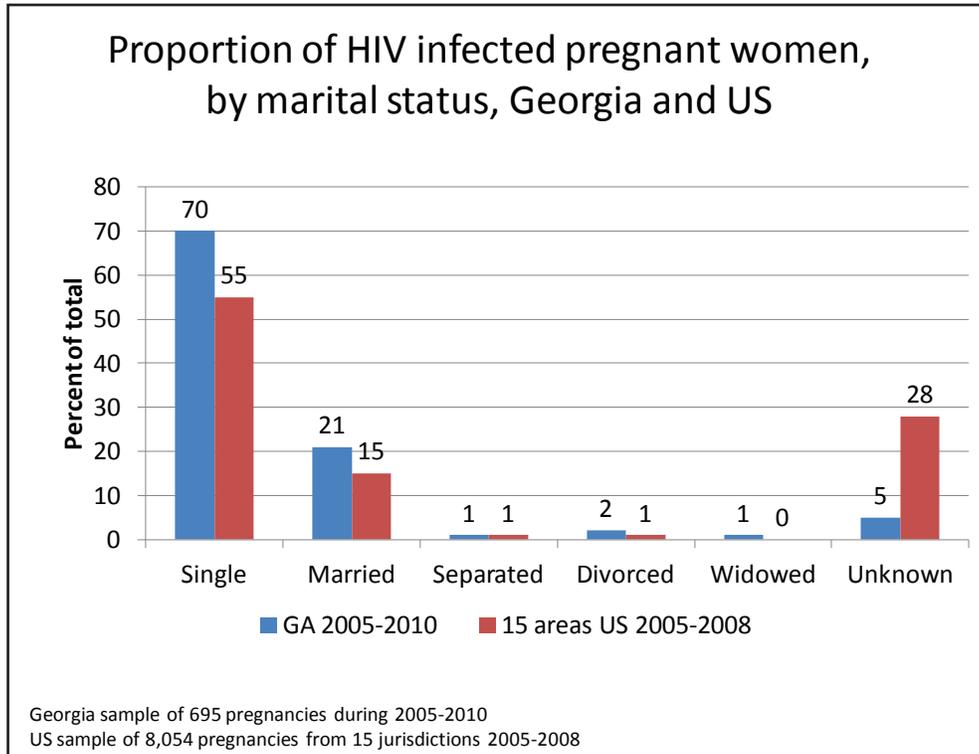


Figure 6

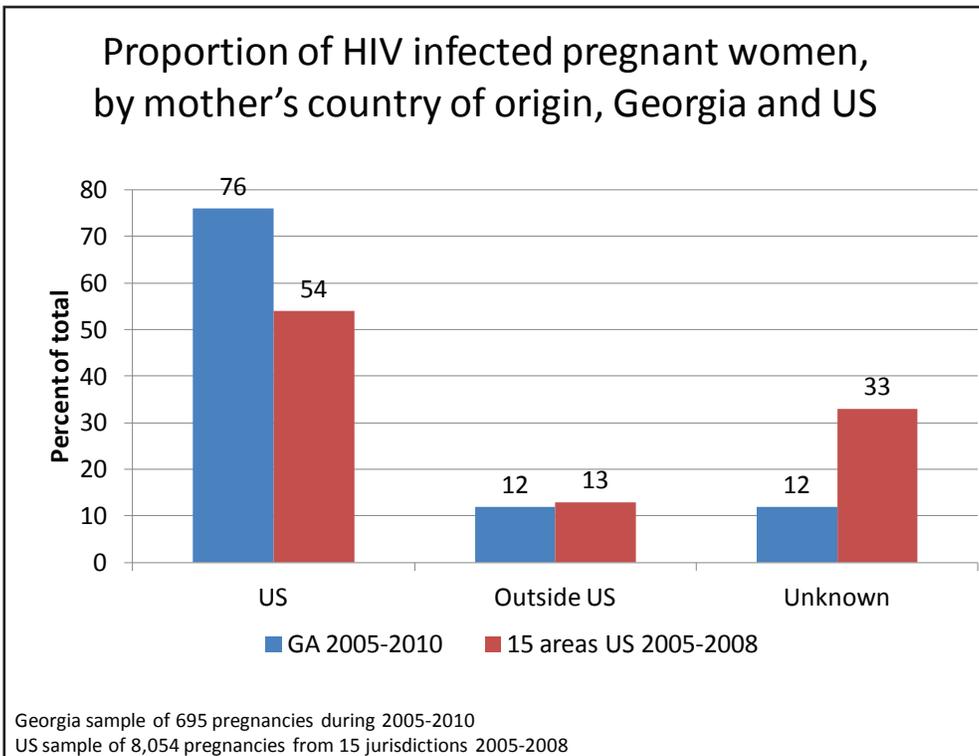


Figure 7

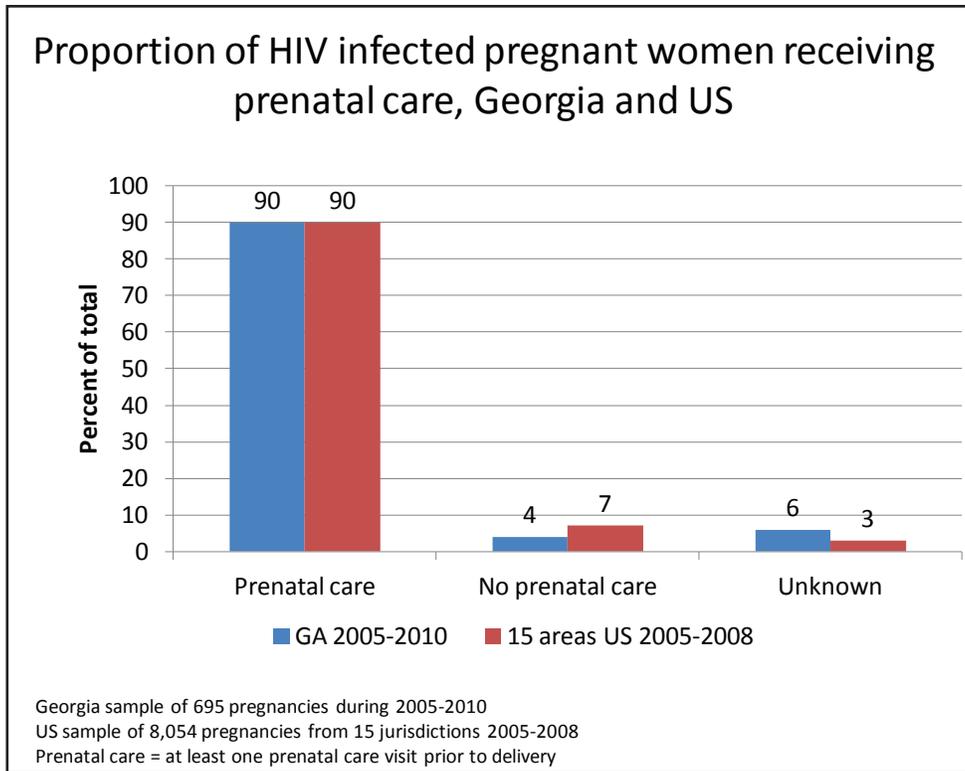


Figure 8

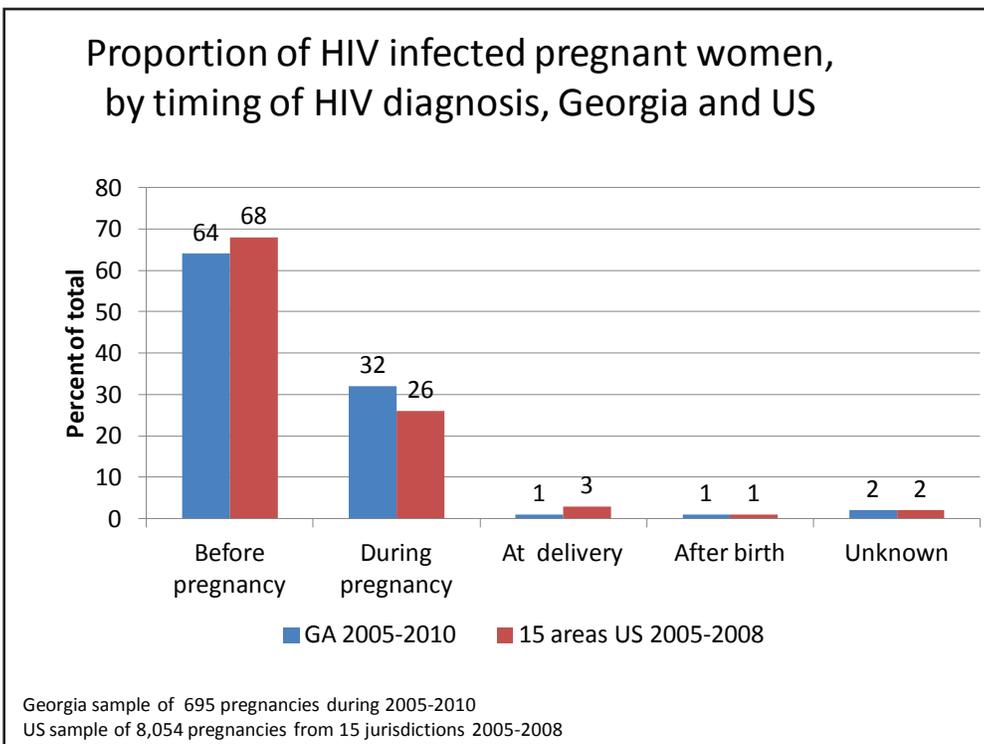


Figure 9

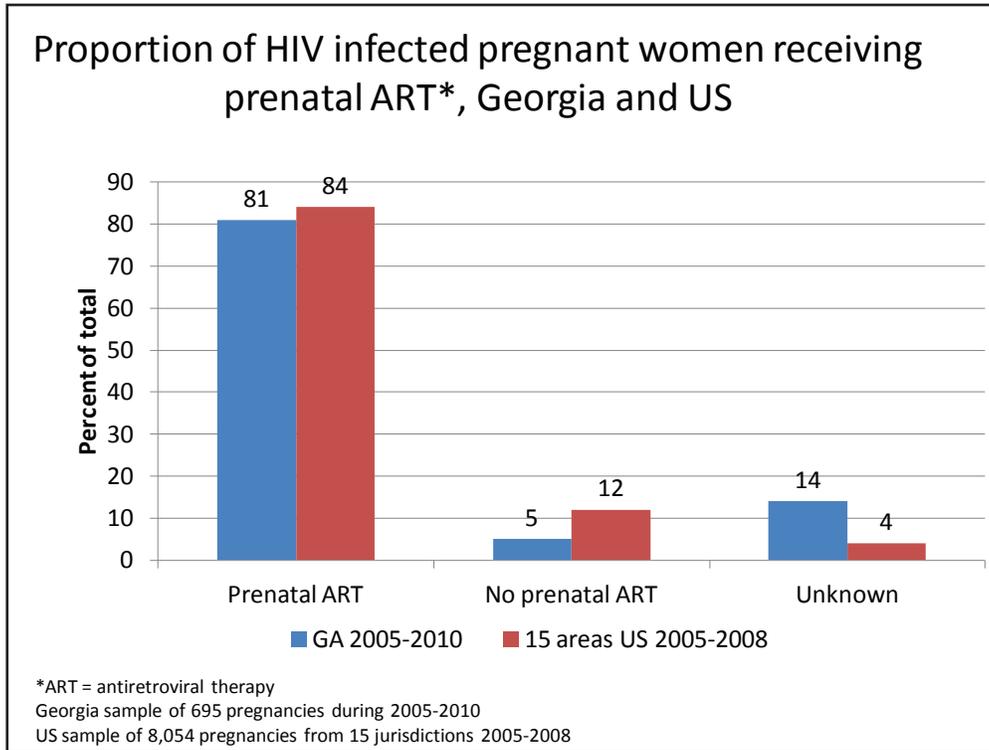


Figure 10

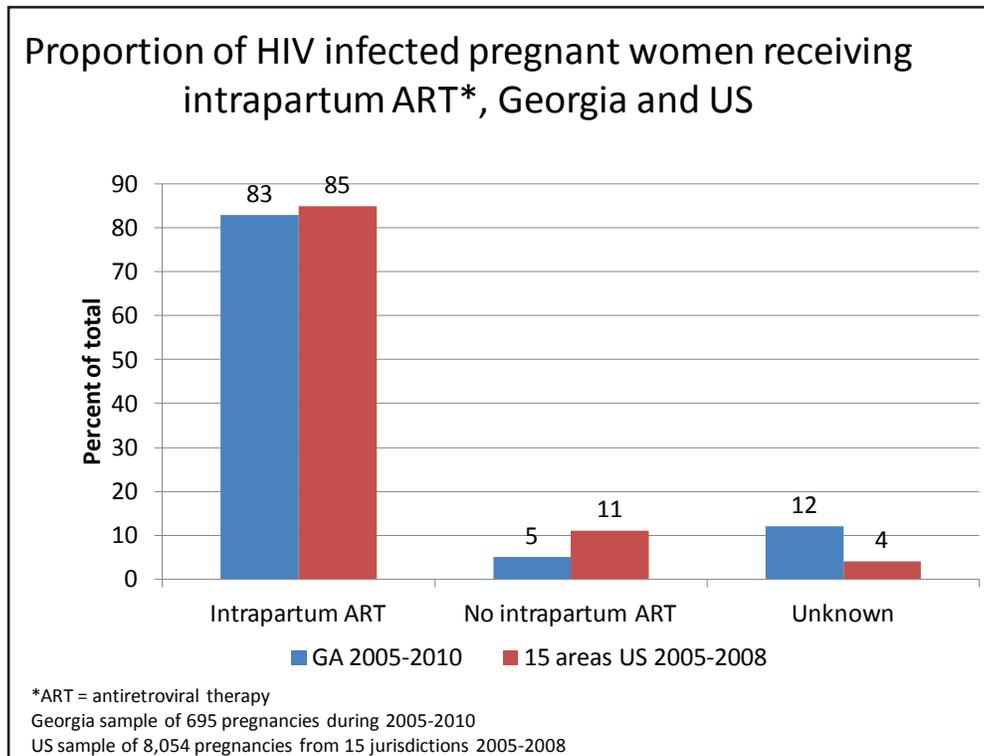


Figure 11

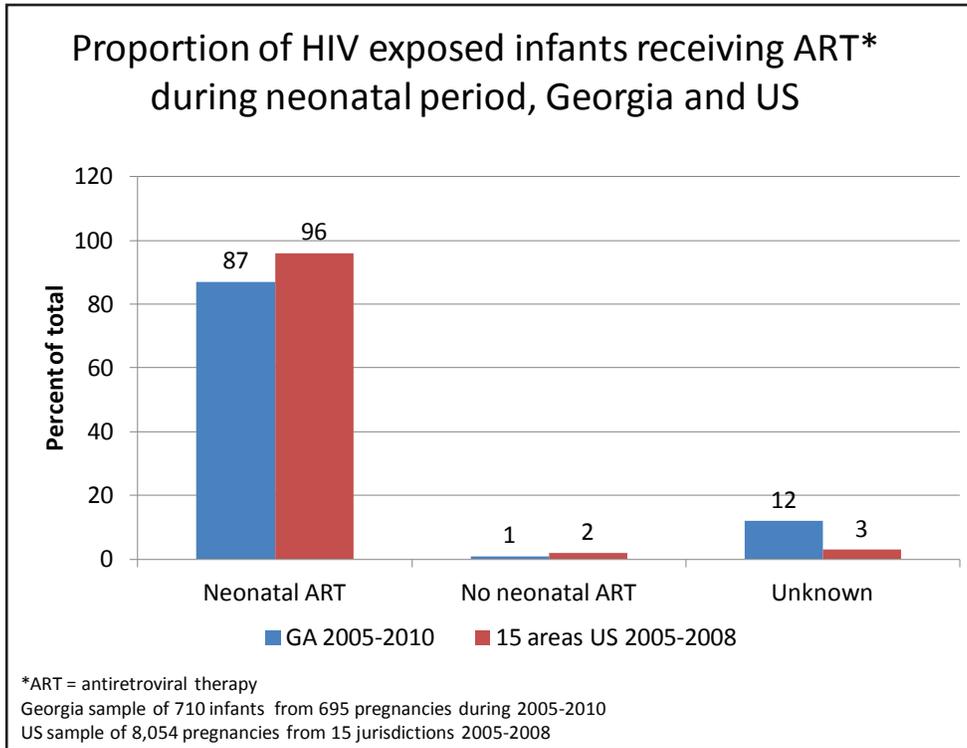


Figure 12

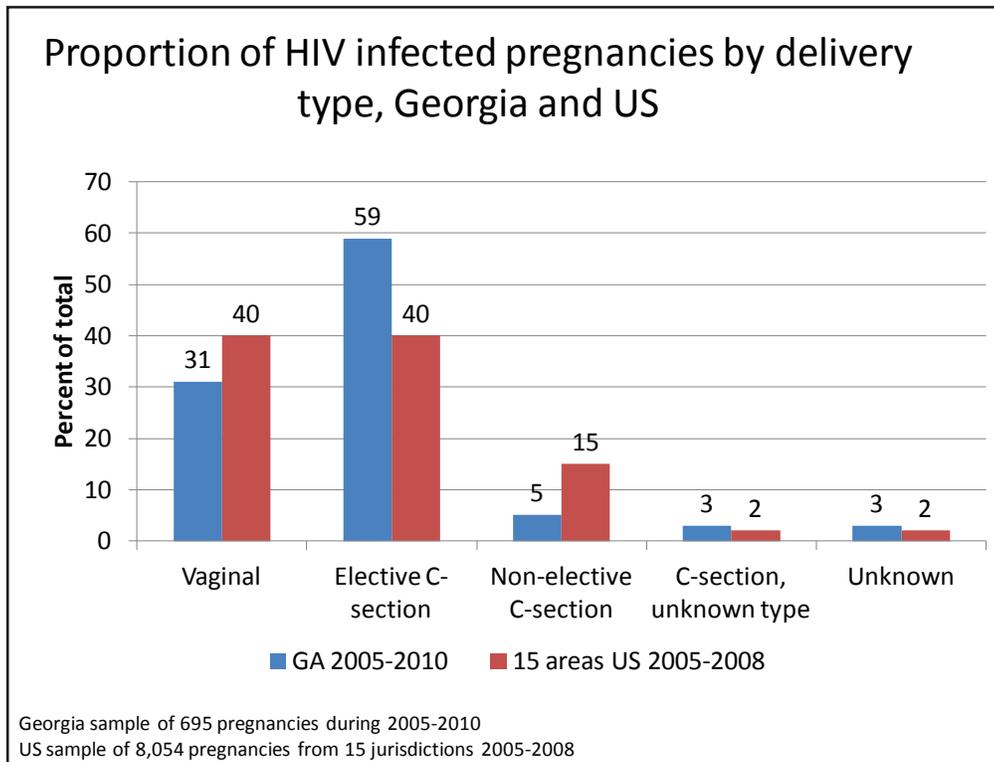


Figure 13

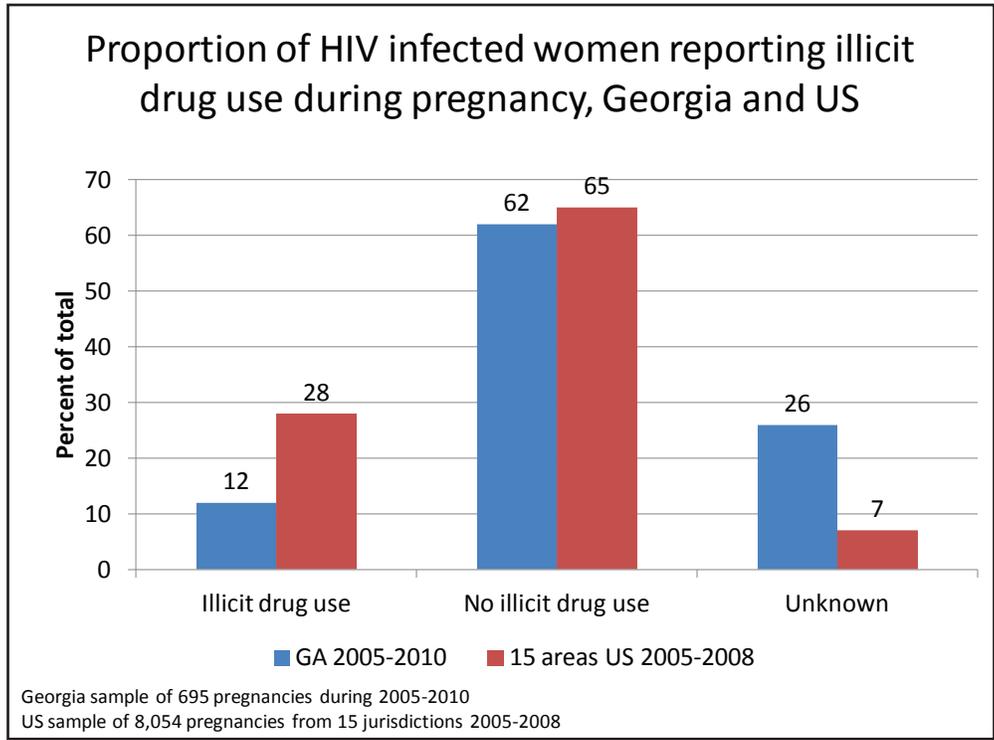


Figure 14

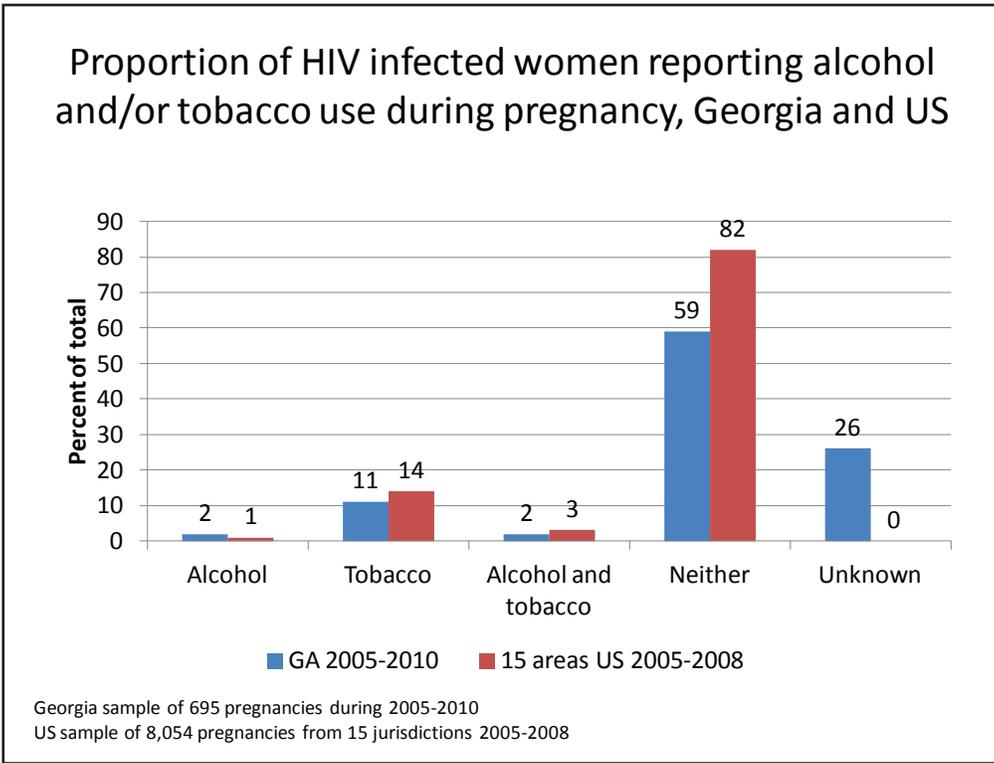


Figure 15

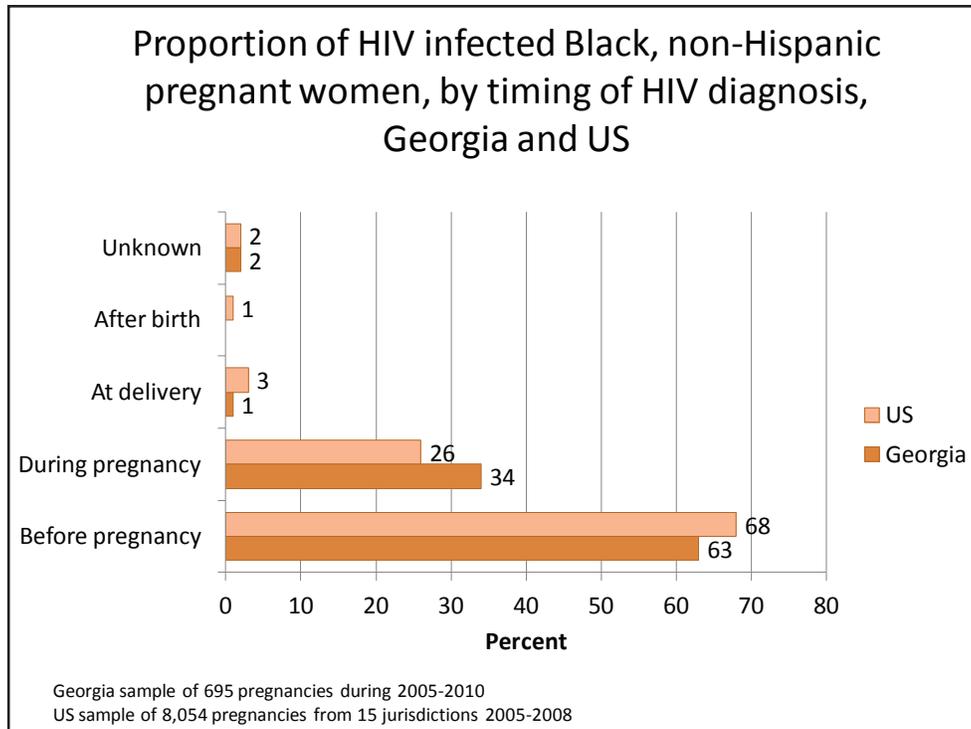


Figure 16

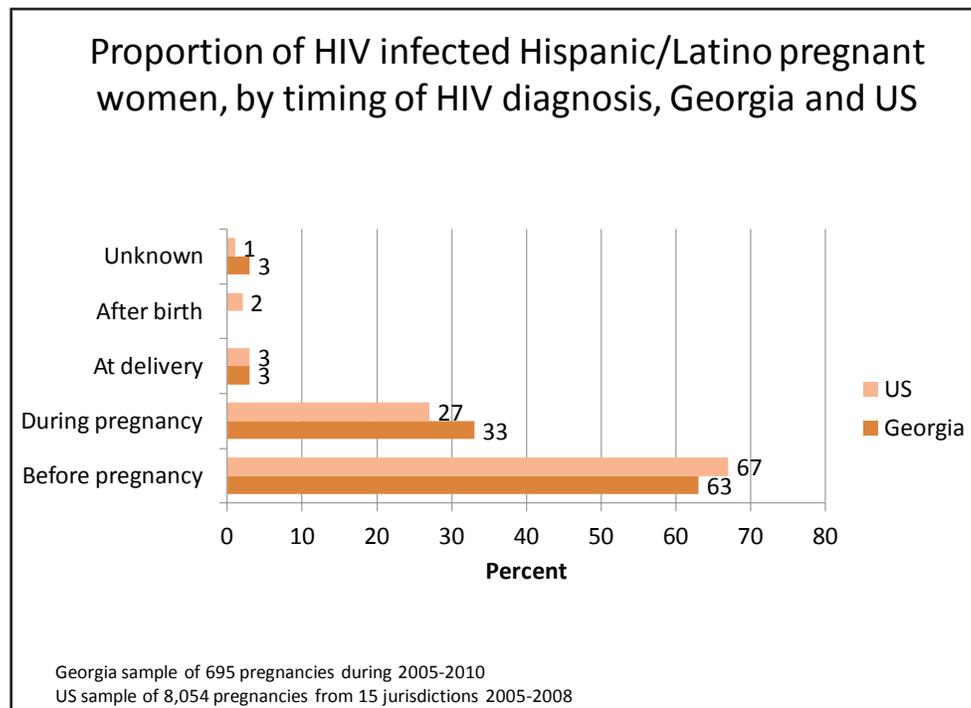


Figure 17

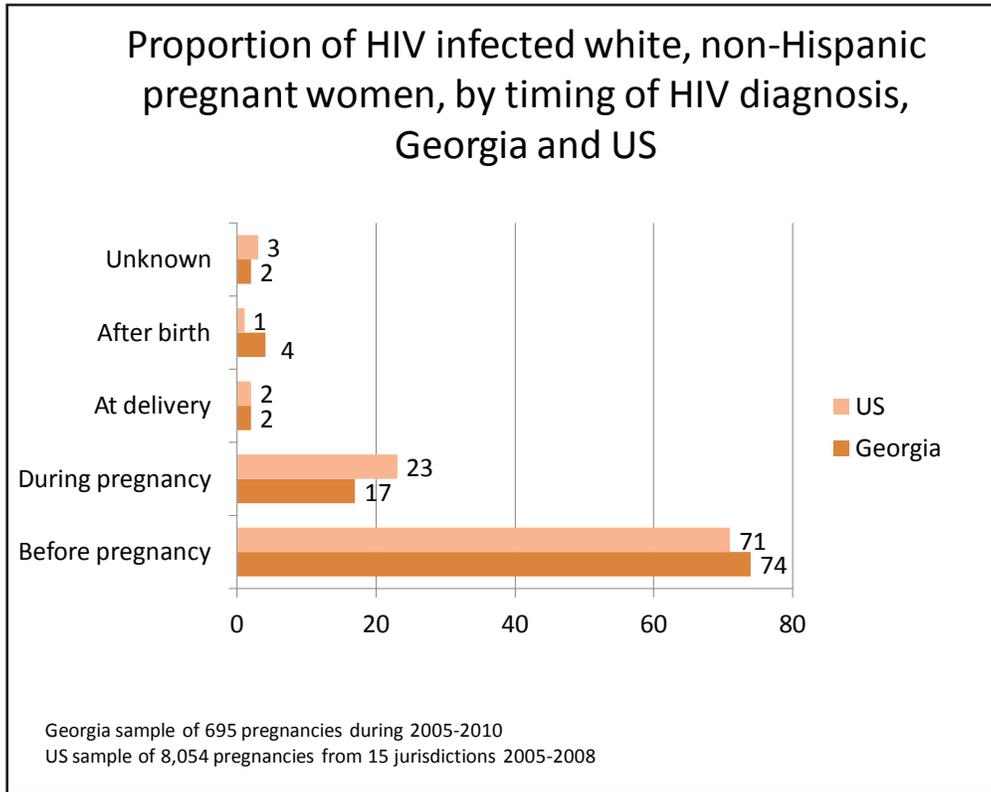
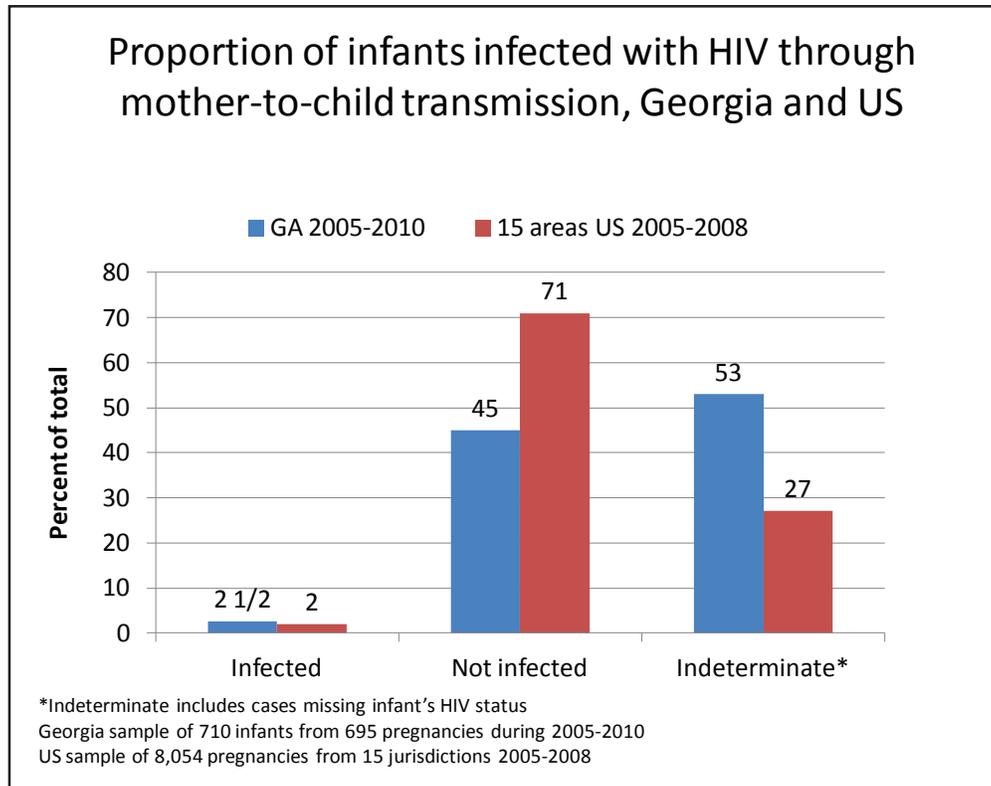


Figure 18



## Appendix A - Georgia EPS Tertiary Care Facilities

Facility	City	Health District
Emory Crawford Long Hospital	Atlanta	3-2
Grady Memorial Hospital	Atlanta	3-2
Medical Center of Central Georgia	Macon	5-2
Medical College of Georgia	Augusta	6
Memorial Health University	Savannah	9-1
Phoebe Putney Memorial Hospital	Albany	8-2
The Medical Center	Columbus	7

# Appendix B - Enhanced Perinatal Abstraction Form

Infant State No. \_\_\_\_\_

U.S. Department of Health  
& Human Services  
Centers for Disease Control  
and Prevention

## Enhanced Perinatal Surveillance (EPS)



Form Approved OMB No. 0920-0573 Exp. Date 1/31/2013

New <input type="checkbox"/>	Initials of person completing the form (Print legibly.)	Information complete for analysis?	
Updated <input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date form completed (eg. abstraction concluded) ____/____/____ (mm/dd/yyyy)		Date form received by main facility ____/____/____ (mm/dd/yyyy)	
Date case was reported ____/____/____ (mm/dd/yyyy)			
How was the infant first identified?			
<input type="checkbox"/> Routine case reporting—pediatric report		<input type="checkbox"/> Active case finding for enhanced perinatal surveillance	
<input type="checkbox"/> Routine case reporting—maternal report		<input type="checkbox"/> Laboratory reporting	
<input type="checkbox"/> Birth registry match		<input type="checkbox"/> Other than routine surveillance activities (Specify.)	
If information on the mother is not available, was the child adopted, in foster care, or abandoned?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
<b>1. Records abstracted (Required)</b> (1 = Abstracted, 2 = Attempted—record not available, 3 = Not abstracted, 4 = Attempted—will try again)			
____ Prenatal care records		____ Pediatric medical records (non-HIV clinic or provider)	
____ Maternal HIV clinic records		____ Birth certificate	
____ Labor and delivery records		____ Death certificate	
____ Pediatric birth records		____ Health department records	
____ Pediatric HIV medical records		____ Other (Specify.) _____	

## Demographic Information

<b>2. Infant</b>			
Reporting state (Required)	City No.	Date of birth (Required) ____/____/____ (mm/dd/yyyy)	Sex at birth <input type="checkbox"/> M <input type="checkbox"/> F
State No. (Required)	Soundex code	Date of death ____/____/____ (mm/dd/yyyy)	
<b>3. Mother</b>			
Reporting state	City No.	Date of birth ____/____/____ (mm/dd/yyyy)	
State No.	Soundex code	Date of death ____/____/____ (mm/dd/yyyy)	
<b>4. Mother's country of birth</b>		<b>4a. If mother's country of birth is not specified, list continent of birth if known.</b>	
<b>5. Mother's Hispanic ethnicity</b>		<b>6. Mother's race (Mark all that apply.)</b>	
<input type="checkbox"/> Yes		<input type="checkbox"/> American Indian/Alaska Native	
<input type="checkbox"/> No		<input type="checkbox"/> Hawaiian/Other Pacific Islander	
<input type="checkbox"/> Unknown		<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black/African American	
		<input type="checkbox"/> White	
		<input type="checkbox"/> Unknown	
		<input type="checkbox"/> Other (Specify.) _____	
<b>7. Marital status (at time of delivery)</b> <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown			
This report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k). Response in this case is voluntary for federal government purposes, but may be mandatory under state and local statutes. Your cooperation is necessary for the understanding and control of HIV/AIDS. Information in CDC's HIV/AIDS surveillance system that would permit identification of any individual on whom a record is maintained is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).			
Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0573). Do not send completed form to this address.			

**8. Mother's HIV risk factor** (Mark all that apply.)

- Injection drug use
- Heterosexual contact with
- injection drug user
  - bisexual male
  - male with hemophilia with documented HIV
  - transfusion recipient with documented HIV infection
  - transplant recipient with documented HIV infection
- Heterosexual contact with (cont)
- HIV-infected male, risk factor not specified
  - Hemophilia with documented HIV
  - Receipt of transfusion
  - Receipt of transplant (tissue/organ or artificial insemination)
  - Perinatal exposure (i.e. mother was perinatally infected)
  - Unknown
  - Other documented risk (Discuss with the NRR coordinator in your state.)
- If Other, specify \_\_\_\_\_

**Prenatal Care**

**9. Did mother receive any prenatal care for this pregnancy?**

- Yes  No (Go to 15.)  Not documented (Go to 15.)  Unknown

**10. Date of first prenatal care visit**

\_\_\_/\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**11. Month of pregnancy during which prenatal care began**

\_\_\_\_\_ (mos) (99 = unknown) or \_\_\_\_\_ (in weeks if month is not noted in chart)

**12. Date of last prenatal care visit before delivery**

\_\_\_/\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**13. Number of prenatal care visits** \_\_\_\_\_ (99 = unknown)

**14. In what type of facility was prenatal care primarily delivered?** (Check only one box.)

- OB/GYN clinic
- Private care (OB/GYN, midwife)
- Other (Specify.) \_\_\_\_\_
- Adult HIV specialty clinic
- Correctional facility
- Not documented
- HMO clinic (for prenatal care)
- ACTG site
- Unknown

**15. Was the mother screened for any of the following during pregnancy?**

(Check test performed before birth, but closest to date of delivery or admission to labor and delivery.)

	Yes	Date (mm/dd/yyyy)	No	Not documented	Record not available	Unknown
Group B strep	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (HBsAg)	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16. Diagnosis (for the mother) of the following conditions during this pregnancy or at the time of labor and delivery**

(See Instructions for Data Abstraction for definitions.)

	Yes	Date of diagnosis (mm/dd/yyyy)	No	Not documented	Record not available	Unknown
Bacterial vaginosis	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Chlamydia trachomatis</i> infection	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital herpes	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group B strep	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (HbsAg+)	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PID	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis	<input type="checkbox"/>	___/___/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. Mother's reproductive history**

\_\_\_\_\_ No. of previous pregnancies      \_\_\_\_\_ No. of previous miscarriages or stillbirths  
 \_\_\_\_\_ No. of previous live births      \_\_\_\_\_ No. of previous induced abortions or \_\_\_\_\_ Total No. of previous abortions

**18. Complete the chart for all siblings.**

Infant State No. \_\_\_\_\_

	Date of birth (mm/dd/yyyy)	Age (yrs: mos as of mm/yyyy)	HIV serostatus (See list.)	State No.	City No.
Sib 1	___/___/___	___:___ as of ___/___/___	_____	_____	_____
Sib 2	___/___/___	___:___ as of ___/___/___	_____	_____	_____
Sib 3	___/___/___	___:___ as of ___/___/___	_____	_____	_____
Sib 4	___/___/___	___:___ as of ___/___/___	_____	_____	_____
Sib 5	___/___/___	___:___ as of ___/___/___	_____	_____	_____
Sib 6	___/___/___	___:___ as of ___/___/___	_____	_____	_____

HIV serostatus: 1 = Infected, 2 = Not infected, 3 = Indeterminate, 9 = Not documented U=Unknown

### Substance Use

**19. Was substance use during pregnancy noted in the medical or social work records?**  
 Yes    No (Go to 20.)    Record not available (Go to 20.)    Unknown

**19a. If yes, indicate which substances were used during pregnancy. (Check all that apply.)**

Alcohol    Cocaine    Marijuana (cannabis, THC, cannabinoids)    Opiates  
 Amphetamines    Crack cocaine    Methadone    Other (Specify.) \_\_\_\_\_  
 Barbiturates    Hallucinogens    Methamphetamines  
 Benzodiazepines    Heroin    Nicotine (any tobacco product)    Specific drug(s) not documented

**19b. If substances used, were any injected?**  
 Yes    No    Not documented    Unknown   Specify injected substance(s): \_\_\_\_\_

**20. Was a toxicology screen done on the mother (either during pregnancy or at the time of delivery)?**  
 Yes, positive result (Check all that apply.)

Alcohol    Cocaine    Marijuana (cannabis, THC, cannabinoids)    Opiates  
 Amphetamines    Crack cocaine    Methadone    Other (Specify.) \_\_\_\_\_  
 Barbiturates    Hallucinogens    Methamphetamines  
 Benzodiazepines    Heroin    Nicotine (any tobacco product)    Specific drug(s) not documented

Yes, negative result    No    Toxicology screen not documented

**21. Was a toxicology screen done on the infant at birth?**  
 Yes, positive result (Check all that apply.)

Alcohol    Cocaine    Marijuana (cannabis, THC, cannabinoids)    Opiates  
 Amphetamines    Crack cocaine    Methadone    Other (Specify.) \_\_\_\_\_  
 Barbiturates    Hallucinogens    Methamphetamines  
 Benzodiazepines    Heroin    Nicotine (any tobacco product)    Specific drug(s) not documented

Yes, negative result    No    Toxicology screen not documented

**22. If the results of the toxicology screen indicated substance use, was the mother referred for treatment (during or after this pregnancy)?**  
 Yes    No    Not documented    Unknown

### Maternal Testing/Clinical Information

**23. Mother's HIV serostatus**

- |                                                             |                                                                          |
|-------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Mother refused HIV testing         | <input type="checkbox"/> HIV-positive before child's birth, date unknown |
| <input type="checkbox"/> HIV-positive before this pregnancy | <input type="checkbox"/> HIV-positive after child's birth                |
| <input type="checkbox"/> HIV-positive during this pregnancy | <input type="checkbox"/> HIV-positive, date unknown                      |
| <input type="checkbox"/> HIV-positive at time of delivery   |                                                                          |

**24. Date of mother's first positive result from confirmatory testing (WB or IFA)**

\_\_\_/\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**25. Results of mother's HIV screening during pregnancy**

Results (See list in 26.)	Test (See list in 26.)	Date (mm/dd/yyyy)
<b>25a. First screening</b>		
_____	_____	___/___/____
<b>25b. Second screening (if result was negative, or mother refused first screening)</b>		
_____	_____	___/___/____
<b>25c. Third screening (if result was negative, or mother refused second screening)</b>		
_____	_____	___/___/____

**26. Mother's HIV screening at time of labor and delivery**

Results (See list.)	Test (See list.)	Date of results in labor and delivery (mm/dd/yyyy)	Time of results in labor and delivery (See military time.)
<b>26a. First screening</b>			
_____	_____	___/___/____	___:___
<b>26b. Second screening (if applicable)</b>			
_____	_____	___/___/____	___:___
<b>26c. Confirmatory test</b>			
_____	_____	___/___/____	___:___

- Results**  
 Positive  
 Negative  
 Indeterminate  
 Results not available  
 Not tested  
 Not tested but known to be infected  
 Refused  
 Unknown

- Tests**  
 Rapid  
 Expedited EIA  
 EIA  
 Not documented

- Military time**  
 noon = 12:00  
 4:30 pm = 16:30  
 midnight = 00:00  
 12:30 am = 00:30

**27. Were CD4 counts determined during pregnancy or within 6 months before pregnancy?**  
 Yes  No (Go to 28.)  Not documented (Go to 28.)  Record not available (Go to 28.)  Unknown

**27a. If yes, list below.** (If more than 3 counts in record, **prioritize** the CD4 counts, starting with the count closest to delivery. If CD4 counts were not determined during pregnancy, record CD4 counts within 6 months before pregnancy if possible.)

**Example:** CD4 count of 174 cells/μL, 12%, August 12, 2000, would be recorded as 174 cells/μL 08/12/2000  
12 % 08/12/2000

CD4 result	Unit	Date blood drawn (mm/dd/yyyy)	CD4 result	Unit	Date blood drawn (mm/dd/yyyy)	CD4 result	Unit	Date blood drawn (mm/dd/yyyy)
_____	cells/μL	___/___/_____	_____	cells/μL	___/___/_____	_____	cells/μL	___/___/_____
_____	%	___/___/_____	_____	%	___/___/_____	_____	%	___/___/_____

**28. Were viral quantification tests (ie, viral load) performed on the mother during pregnancy or within 6 months before pregnancy?**  
 Yes  No (Go to 29.)  Not documented (Go to 29.)  Record not available (Go to 29.)  Unknown

**28a. If yes, list all results below.** (If more than 3 in record, **prioritize** the results of viral load tests, starting with the result closest to delivery. If viral load tests were not performed during pregnancy, record viral loads within 6 months of pregnancy if possible.)

Result in No. of copies/mL	Result in logs	Date blood drawn (mm/dd/yyyy)
_____	_____	___/___/_____
_____	_____	___/___/_____
_____	_____	___/___/_____

**29. What was the mother's most advanced HIV serostatus during pregnancy?**  
 HIV infection, not AIDS  AIDS, CD4 criteria only  AIDS, indicator condition  
 HIV-negative  Not documented  Record not available  Unknown

**30. Was the mother's HIV serostatus noted in her prenatal care medical records?**  
 Yes, HIV-positive  Yes, HIV-negative  No  No prenatal care  Record not available  Unknown

### Antiretroviral Therapy

**31. Were antiretroviral drugs prescribed for the mother during this pregnancy?**  
 Yes (Complete table.)  No (Go to 31a.)  Not documented (Go to 32.)  Record not available (Go to 32.)  Unknown

Drug name (See list on p. 8.)	Other (specify)	Drug refused	Date drug started (mm/dd/yyyy)	Gestational age drug started (weeks; round down)	Drug stopped Yes No ND	Date stopped (if yes in preceding column) (mm/dd/yyyy)	Stop codes (See list on p. 8.)
i. _____	_____	<input type="checkbox"/>	___/___/_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/_____	_____
ii. _____	_____	<input type="checkbox"/>	___/___/_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/_____	_____
iii. _____	_____	<input type="checkbox"/>	___/___/_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/_____	_____
iv. _____	_____	<input type="checkbox"/>	___/___/_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/_____	_____
v. _____	_____	<input type="checkbox"/>	___/___/_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/_____	_____
vi. _____	_____	<input type="checkbox"/>	___/___/_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/_____	_____
vii. _____	_____	<input type="checkbox"/>	___/___/_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/_____	_____
viii. _____	_____	<input type="checkbox"/>	___/___/_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/_____	_____

(After completing table, go to 32.)

**31a. If no antiretroviral drug was prescribed during pregnancy, check reason.**  
 No prenatal care  Mother known to be HIV-negative during pregnancy  Not documented  Unknown  
 HIV serostatus of mother unknown  Mother refused  Other (Specify.) \_\_\_\_\_

**32. Was mother's HIV serostatus noted in her labor and delivery records?**  
 Yes, HIV-positive     Yes, HIV-negative     No     Record not available     Unknown

**33. Did mother receive antiretroviral drugs during labor and delivery?**  
 Yes (Complete table.)     No (Go to 33a.)     Not documented (Go to 34.)     Record not available (Go to 34.)     Unknown

	Drug Name (See list.)	Other (specify)	Drug refused	Date received (mm/dd/yyyy)	Time received (See military time.)	Type of administration		
						Oral	IV	Not documented
i.	_____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii.	_____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii.	_____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv.	_____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	_____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi.	_____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii.	_____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(After completing table, go to 34.) Military time: noon = 12:00; midnight = 00:00

**33a. If no antiretroviral drug was received during labor and delivery, check reason.**

Precipitous delivery/STAT Cesarean delivery     HIV serostatus of mother unknown     Mother tested HIV-negative during pregnancy     Other (Specify) \_\_\_\_\_  
 Prescribed but not administered     Birth not in hospital     Mother refused     Not documented     Unknown

**34. Was mother referred for HIV care after delivery?**  
 Yes     No (Go to 36.)     Not documented (Go to 36.)     Record not available (Go to 36.)     Unknown

**35. If yes, indicate first CD4 result or first viral load after discharge from hospital (up to 6 months after discharge).**

35a. CD4 result			35b. Viral load		
Result	Unit	Date blood drawn (mm/dd/yyyy)	Result in copies/mL	Result in logs	Date blood drawn (mm/dd/yyyy)
_____	cells/ $\mu$ L	___/___/___	_____	_____	___/___/___
_____	%	___/___/___	_____	_____	___/___/___

Not done     Not available     Not done     Not available

**Birth History**

**36. Type of birth**     Single     Twin      $\geq 3$      Record not available     Unknown

**37. Birth information**     Birth not in hospital     Record not available

	Time	Date (mm/dd/yyyy)		Time	Date (mm/dd/yyyy)
	(See military time.)			(See military time.)	
Onset of labor	___:___	___/___/___	Rupture of membranes	___:___	___/___/___
Admission to labor and delivery	___:___	___/___/___	Delivery	___:___	___/___/___

Military time: noon = 12:00; midnight = 00:00

**38. Gestational age at time of delivery** \_\_\_\_\_ (in weeks; round down to nearest whole week)

<p><b>39. Mode of delivery</b></p> <p> <input type="checkbox"/> Vaginal (Go to 40.)    <input type="checkbox"/> Unknown  <input type="checkbox"/> Elective Cesarean delivery  <input type="checkbox"/> Non-elective Cesarean delivery  <input type="checkbox"/> Cesarean delivery, unknown type  <input type="checkbox"/> Record not available (Go to 41.)                 </p>	<p><b>39a. If Cesarean delivery, mark all the following indications that apply.</b></p> <p> <input type="checkbox"/> HIV indication (high viral load)    <input type="checkbox"/> Fetal distress  <input type="checkbox"/> Previous Cesarean (repeat)    <input type="checkbox"/> Placenta abruptia or p. previa  <input type="checkbox"/> Malpresentation (breech, transverse)    <input type="checkbox"/> Other (eg, herpes, disproportion)                      Prolonged labor or failure to progress    Specify _____  <input type="checkbox"/> Mother's or physician's preference    <input type="checkbox"/> Not specified                 </p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**40. Instrument used**     None     Forceps     Vacuum     Forceps and vacuum     Not specified

<b>41. Child's birth weight (lbs/oz or grams)</b> _____ lbs _____ oz or _____ grams	<b>42. Was mother's HIV serostatus noted on the child's birth record?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, HIV-positive <input type="checkbox"/> Yes, HIV-negative <input type="checkbox"/> Record not available <input type="checkbox"/> Unknown
----------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Pediatric History

**43. Were antiretroviral drugs prescribed for the child during the first 6 weeks of life?**  
 Yes (Complete table.)  No (Go to 43a.)  Not documented (Go to 44.)  Record not available (Go to 44.)  Unknown

Drug name (See list on p. 8.)	Other (specify)	Drug refused	Date drug started (mm/dd/yyyy)	Time started (See military time.)	ART Completed? Yes No ND UNK	Stop date (if therapy not completed) (mm/dd/yyyy)	Stop codes (See list on p. 8.)
i. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
ii. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
iii. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
iv. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
v. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
vi. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
vii. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____
viii. _____	_____	<input type="checkbox"/>	___/___/___	___:___	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___/___/___	_____

Military time: noon = 12:00; midnight = 00:00

**43a. If no antiretroviral drug was prescribed during the first 6 weeks of life, indicate reason.**

<input type="checkbox"/> HIV serostatus of mother unknown	<input type="checkbox"/> Other (Specify.) _____
<input type="checkbox"/> Mother known to be HIV-negative during pregnancy	<input type="checkbox"/> Not documented
<input type="checkbox"/> Mother refused	

**44. Infant's HIV antibody testing**

Results (See list.)	Test (See list.)	Date blood drawn (mm/dd/yyyy)
i. _____	_____	___/___/___
ii. _____	_____	___/___/___
iii. _____	_____	___/___/___

<b>Results</b> Positive Negative Indeterminate Results not available Infant not tested Mother refused Unknown	<b>Tests</b> Rapid Expedited EIA EIA Not documented
------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

**45. Results of DNA/RNA screening**

Results (See list in 44.)	Test DNA RNA	Date blood drawn (mm/dd/yyyy)
i. _____	<input type="checkbox"/> <input type="checkbox"/>	___/___/___
ii. _____	<input type="checkbox"/> <input type="checkbox"/>	___/___/___
iii. _____	<input type="checkbox"/> <input type="checkbox"/>	___/___/___
iv. _____	<input type="checkbox"/> <input type="checkbox"/>	___/___/___
v. _____	<input type="checkbox"/> <input type="checkbox"/>	___/___/___

**46. What is the child's current HIV infection status?**

<input type="checkbox"/> AIDS	<input type="checkbox"/> Confirmed HIV infected (not AIDS)
<input type="checkbox"/> HIV-negative	<input type="checkbox"/> Indeterminate as of _____/_____/_____(mm/dd/yyyy)

**47. If child's HIV serostatus is indeterminate, indicate reason.**

<input type="checkbox"/> Moved from state	<input type="checkbox"/> Lost to follow-up
<input type="checkbox"/> Provider out of state	<input type="checkbox"/> Died before serostatus determined
<input type="checkbox"/> Child <18 months of age	<input type="checkbox"/> Not documented

**48. Was PCP prophylaxis prescribed during the first year of life?**

<input type="checkbox"/> Yes Date received ___/___/___	<input type="checkbox"/> Record not available
<input type="checkbox"/> No	<input type="checkbox"/> Not documented
	<input type="checkbox"/> Unknown

**49. Was child breastfed?**

<input type="checkbox"/> Yes Duration ___ days ___ weeks	<input type="checkbox"/> Record not available
	<input type="checkbox"/> Duration not documented
<input type="checkbox"/> No	<input type="checkbox"/> Not documented

	<input type="checkbox"/> Unknown
<b>50. Were birth defects noted during the first year of life?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to 51.) <input type="checkbox"/> Record not available (Go to 51.) <input type="checkbox"/> Unknown	<b>50a. If yes, specify type(s).</b> _____ Code _____    Code _____    Code _____
<b>51. If child is deceased, please obtain the following from the death certificate.</b> (Print legibly. Include ICD-9 or ICD-10 codes only if code appears on death certificate.)	
<b>Cause of death</b>	<b>ICD-9 code</b> or <b>ICD-10 code</b>
Immediate _____	_____
Underlying _____	_____
Underlying _____	_____
Underlying _____	_____
Contributing _____	_____
<b>Note.</b> Please be sure that a date of death has been entered on page 1, under Demographic Information (2. Infant).	
<b>Please include comments or clinical information you consider relevant to the overall understanding of this child's HIV exposure or infection status. State the date and source of the information.</b>	

**Antiretroviral drugs and stop codes**

<p style="text-align: center;"><b>NNRTI</b></p> <p>Delavirdine (Rescriptor) Efavirenz (Sustiva) Nevirapine (Viramune, NVP)</p> <p style="text-align: center;"><b>NRTI</b></p> <p>Abacavir (Ziagen, ABC) Combivir (AZT &amp; 3TC) Didanosine (ddl, Videx) Emtriva (Emtricitabine or FTC)</p>	<p style="text-align: center;"><b>NRTI (cont)</b></p> <p>Epzicom (Abacavir/3TC, Kivexa) Lamivudine (3TC, Epivir) Stavudine (d4T, Zerit) Trizivir (AZT &amp; 3TC &amp; Abacavir) Truvada (Tenofovir DF/Emtricitabine) Videx<sup>®</sup> EC (Didanosine) Viread (Tenofovir) Zalcitabine (ddC, Hivid) Zidovudine (AZT, Retrovir)</p>	<p style="text-align: center;"><b>Protease inhibitor</b></p> <p>Amprenavir (Agenerase) Darunavir (Prezista) Indinavir (Crixivan) Kaletra (Lopinavir, Ritonavir) Lexiva (Fosamprenavir) Nelfinavir (Viracept) Reyataz (Atazanavir or ATV) Ritonavir (Norvir) Saquinavir (Fortavase, Invirase) Tipranavir (Aptivus)</p>	<p style="text-align: center;"><b>Other</b></p> <p>Adefovir dipivoxil (bis-POM, PMEA, Preveon) Atripla (Efavirenz &amp; Tenofovir &amp; Emtricitabine) Fuzeon (Enfuvirtide or T20) Hydroxyurea (Droxia, Hydrea) Intelence Selzentry Isentress</p> <p style="text-align: center;"><b>If an antiretroviral drug not on this list, call CDC</b></p>															
<p><b>Stop codes</b> (2 codes allowed; if more, choose the 2 most important)</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><b>S1</b> = Adverse events (toxicity, lack of tolerance)</td> <td style="width:33%;"><b>S6</b> = Strategic treatment interruption (planned drug holiday)</td> <td style="width:33%;"><b>S11</b> = Improving effectiveness</td> </tr> <tr> <td><b>S2</b> = ART completed</td> <td><b>S7</b> = Drug interactions</td> <td><b>S12</b> = Improving convenience</td> </tr> <tr> <td><b>S3</b> = Drug resistance detected</td> <td><b>S8</b> = Mother's choice</td> <td><b>S13</b> = Reason not indicated; unknown</td> </tr> <tr> <td><b>S4</b> = Poor adherence</td> <td><b>S9</b> = Pregnancy</td> <td><b>S14</b> = Mother couldn't afford drugs</td> </tr> <tr> <td><b>S5</b> = Inadequate effectiveness</td> <td><b>S10</b> = Child determined not to be HIV infected</td> <td><b>Sxx</b> = Other reason</td> </tr> </table>				<b>S1</b> = Adverse events (toxicity, lack of tolerance)	<b>S6</b> = Strategic treatment interruption (planned drug holiday)	<b>S11</b> = Improving effectiveness	<b>S2</b> = ART completed	<b>S7</b> = Drug interactions	<b>S12</b> = Improving convenience	<b>S3</b> = Drug resistance detected	<b>S8</b> = Mother's choice	<b>S13</b> = Reason not indicated; unknown	<b>S4</b> = Poor adherence	<b>S9</b> = Pregnancy	<b>S14</b> = Mother couldn't afford drugs	<b>S5</b> = Inadequate effectiveness	<b>S10</b> = Child determined not to be HIV infected	<b>Sxx</b> = Other reason
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**List of abbreviations**

ACTG	AIDS Clinical Trials Group	NRTI	nucleoside reverse transcriptase inhibitor
ART	antiretroviral therapy	NRR	no risk factor reported
EIA	enzyme immunoassay	OB-GYN	obstetric-gynecologic or obstetrician-gynecologist
HARS	HIV/AIDS Reporting System	PCP	<i>Pneumocystis jirovecii</i> pneumonia [ <i>jirovecii</i> is now preferred to <i>carinii</i> ; abbreviation is the same]
HMO	health maintenance organization	PI	protease inhibitor
ICD-9	International Classification of Diseases, Ninth Revision	PID	pelvic inflammatory disease
ICD -10	International Classification of Diseases, Tenth Revision	STAT	immediately ( <i>statim</i> )
IFA	immunofluorescent assay	WB	Western blot
ND	not documented		
NNRTI	nonnucleoside reverse transcriptase inhibitor		



*Georgia Department of Public Health*

HIV/AIDS Epidemiology Program  
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