



# HIV PERINATAL PROGRAM STRATEGIC PLAN

2017-2022

DIVISION OF HEALTH PROTECTION AND OFFICE OF HIV/AIDS





# TABLE OF CONTENTS

Mission + Vision Statement .....	3
Background History .....	4
Action Items 2017 – 2022	
<b>GOAL 1:</b> Increase collaboration efforts among public health agencies to address mother-to-child transmission of HIV in Georgia .....	8
<b>GOAL 2:</b> Reduce perinatal transmission of HIV.....	10
<b>GOAL 3:</b> Increase the number of HIV positive pregnant women, postpartum women, and their infants linked, re-engaged, and retained into HIV care .....	12
Next Steps .....	14
Appendices	
Appendix 1: List of Agencies .....	16
Appendix 2: List of Acronyms .....	17
Acknowledgements .....	18

## MISSION, VISION + GOALS

The **mission** of the HIV Perinatal program is to prevent HIV transmission before, during, and after delivery while improving the quality of life for HIV positive pregnant women, postpartum women, and their infants. The **vision** is to have zero perinatal HIV transmissions in Georgia by 2022.

The HIV Perinatal Program has **three goals** that cover the HIV Continuum of Prevention, Care, Treatment, and Collaboration:

1. Increase collaboration efforts among public health agencies to address mother-to-child transmission.
2. Reduce perinatal transmission of HIV.
3. Increase the number of HIV positive pregnant, postpartum women, and their infants linked, retained, and re-engaged into HIV care.

## BACKGROUND

Georgia ranks 5th in the United States for the number of new diagnoses of HIV infection among adults and adolescents, 1st for the rate of HIV diagnoses among adults and adolescents, and 3rd for the rate of persons living with HIV.<sup>1</sup> At the end of 2016, there were 13,447 women living with HIV in Georgia, of whom 42% were of childbearing age.<sup>2</sup> Recommendations for pregnant women being offered antiretroviral (ARV) treatment (mother) and prophylaxis (newborn) have evolved considerably in the United States, reflecting changes in the epidemic and also in the science of prevention and treatment.<sup>4</sup> With the implementation of recommendations for universal prenatal HIV testing, antiretroviral (ARV) prophylaxis, scheduled cesarean section, (when medically indicated) and avoidance of breastfeeding/pre-mastication of food, the rate of perinatal transmission of HIV can be as low as 1% or less in the United States.<sup>4</sup>

Although perinatal transmission of HIV has declined markedly in Georgia, as it has in the United States since the 1990's, transmission continues to occur.<sup>3</sup> Between 2009 and 2016, 43 infants born in Georgia contracted HIV during delivery or after birth (*Figure1*). Surveillance data on infants perinatally transmitted with HIV highlights key gaps in prevention. Among the 33 HIV positive infants born between 2011 and 2016, 13 were born to mothers diagnosed before the pregnancy, 9 were born to mothers diagnosed during pregnancy, and 11 were born to mothers diagnosed after pregnancy.<sup>2</sup> Among mothers diagnosed before pregnancy, half did not receive HIV care during their pregnancy and among those who did, most did not achieve viral suppression.

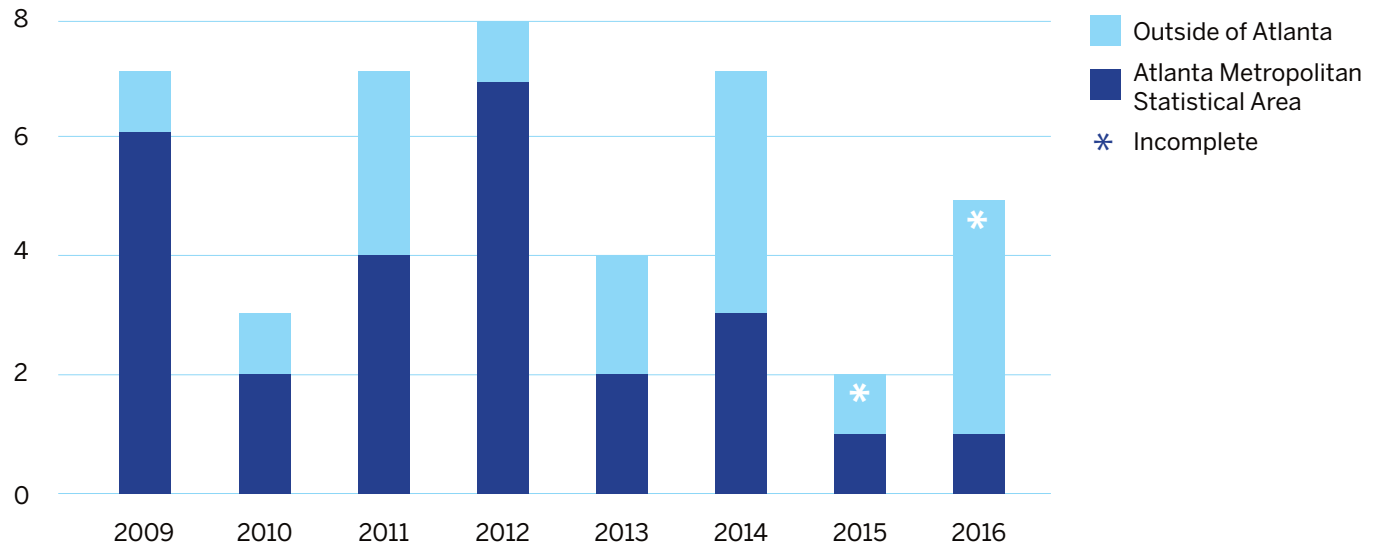
Among those diagnosed during pregnancy or at the time of delivery, the majority were tested late in pregnancy due to limited prenatal care or were diagnosed after being retested during their 3rd trimester. Among those diagnosed after pregnancy, several had no prenatal care while others tested negative at the initiation of prenatal care and were not retested in the 3rd trimester.

A more in-depth project assessing missed opportunities of care contributing to perinatal HIV transmission was conducted through Georgia's Fetal Infant Mortality Review (FIMR-HIV) project from 2014-2016. The FIMR-HIV project consisted of interviewing mothers whose babies were perinatally transmitted with HIV. The points below represent several identified systems-level issues that contributed to gaps in prevention:

- Inadequate mental health assessment and linkage to care
- Use of illicit drugs during and after pregnancy
- Lack of family planning and contraceptive care
- Lack of ongoing case management services
- Lack of 3rd trimester HIV testing

The Georgia Department of Public Health (DPH) and Office of HIV/AIDS have developed strategic priorities based on highlighted findings to support the HIV Perinatal program to reduce perinatal transmission of HIV. These priorities will bridge gaps resulting in missed opportunities of care among HIV positive pregnant women in Georgia and illuminate the program's overarching goal to prevent perinatal HIV transmission.

**Figure 1: Perinatal Transmissions by Mother's Residence, 2009-2016, Georgia**



## REFERENCES

1. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>
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3. Boylan, A., Camacho-Gonzalez, A.F., Charoudi, A.M., Chakraborty, R., Kingbolt, M.H., Ross, E. A. Missed opportunities of prevention for prevention of mother-to-child transmission in the US: A review of cases from the state of Georgia: 2005-2012. Manuscript in the Press in AIDS
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# OVERARCHING GOAL FOR THE HIV PERINATAL PROGRAM

*TO PREVENT PERINATAL HIV TRANSMISSION THROUGH COLLABORATION, PREVENTION, EDUCATION, AND LINKAGE TO CARE.*

**GOAL 1:** Increase collaboration efforts among public health agencies to address mother-to-child transmission of HIV.

**STEP 1A:** Develop a multidisciplinary committee to aid in project planning, implementation, and evaluation of the HIV Perinatal Program by 2019.

## ACTION ITEMS

- Facilitate quarterly committee meetings with partners from various agencies to monitor and address key priority areas in perinatal HIV prevention, care services, and other related resources. **YEAR: Jan 2017 – Jan 2022**
- Create standard operating procedures (SOP) to increase communication between all Ryan White (RW) Parts A, B, C, and D providers — RW case managers, obstetricians, gynecologists, perinatologists, neonatologists, pediatricians, high risk care providers — impacting the high quality of care for pregnant women and their infants.  
**YEAR: Apr 2018 – Apr 2022**
- Utilize existing mechanisms and services with family planning programs to educate HIV positive women and women at risk for HIV exposure about contraceptive methods, through outreach and passive referrals. **YEAR: Sept 2018 – Sept 2022**
- Collaborate with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and care based organizations (CBO) in metro Atlanta and rural Georgia to further discuss strategies to improve access to mental health services for HIV positive pregnant women and HIV positive postpartum women. **YEAR: Jan 2019 – Jan 2022**
- Collaborate with the Georgia DPH Drug Overdose Surveillance Unit to further discuss prevention strategies to reduce illicit drug use among HIV positive pregnant women and HIV positive postpartum women. **YEAR: Jan 2019 – Jan 2022**

## **GOAL 2:** Reduce perinatal transmission of HIV.

**STEP 2A:** Increase the number of HIV positive pregnant women diagnosed before delivery to 100% by 2020.

### **ACTION ITEMS**

- Ensure pregnant women are aware of their HIV status by implementing HIV and syphilis testing (HIV and Syphilis Pregnancy Screening Law OCGA §31-17-4.2) and education to all undiagnosed pregnant women that are linked into the Perinatal Case Management Program (PCM). The PCM is currently in 104 health departments in Georgia to promote awareness of HIV/STI status. **YEAR: Sept 2018 – Sept 2022**
- Partner with Georgia Obstetrical and Gynecological Society (GOGS) to distribute educational materials about 1st and 3rd trimester testing for HIV and syphilis. **YEAR: Feb 2018 – Feb 2019**
- Provide educational information to obstetricians, gynecologists, and prenatal care providers as a reminder to test all pregnant women for HIV and syphilis. (HIV and Syphilis Pregnancy Screening Law OCGA §31-17-4.2). **YEAR: Feb 2018 – Feb 2019**

**STEP 2B:** Educate 500 providers on recommended standards of care for HIV positive women by 2022.

### **ACTION ITEMS**

- Partner with Georgia AIDS Education Training Center (GA-AETC) to work directly with hospitals and providers to enhance clinical practice in prevention of perinatal HIV transmission through educational trainings. **YEAR: Apr 2018 – Apr 2022**
- Increase provider knowledge and use of the Georgia Resource Hub ([www.gacapus.com](http://www.gacapus.com)), an online educational tool that provides information about statewide HIV resources. **YEAR: Jan 2017 – Jan 2022**

**STEP 2C:** Provide information about alternative feeding options and recommendations for HIV positive pregnant women through educational seminars by 2021.

### **ACTION ITEMS**

- Collaborate with Georgia Women, Infants, and Children (WIC) Supplemental Nutrition Program to incorporate HIV content into breastfeeding classes to address the risk of



mother-to-child HIV transmission. **YEAR: May 2018 – Dec 2018**

**GOAL 3:** Increase the number of HIV positive pregnant women, post-partum women and their infants linked, re-engaged, and retained into HIV care.

**STEP 3A:** By 2022, establish effective systems in all 18 health districts and their partnering agencies to identify, link, re-engage, and retain HIV positive pregnant women into care after diagnosis to achieve maximum viral suppression during and after delivery.

## **ACTION ITEMS**

- Develop a community outreach model to identify undiagnosed HIV positive pregnant women and their intimate partners that are not linked into care.

**YEAR: Sept 2018 – Sept 2022**

- Hire outreach workers and use disease investigation specialists (DIS) to conduct rapid HIV testing and pregnancy tests, provide case management referrals and education, etc. in the community. **YEAR: Sept 2018 – Sept 2022**

## **ACTION ITEMS (con't)**

- Facilitate postpartum linkage to care and re-engagement for mothers and infants using surveillance data, including hospital based exposure alerts and identifying of out of care postpartum women. **YEAR: Nov 2018 – Nov 2022**
- Assess perinatal HIV protocols for testing and linking HIV positive pregnant women into prenatal and HIV care to address support service needs in the 18 health districts. **YEAR: May 2018 – July 2018**

**STEP 3B:** By 2022, provide technical assistance to private and public agencies on the re-engagement process for HIV positive pregnant women and/or postpartum women that have fallen out of care.

## **ACTION ITEMS**

- Write a standardized protocol for use throughout Georgia providing guidance for HIV positive pregnant women, postpartum women, and their infants about linkage and re-engagement to HIV care. **YEAR: Jan 2018 – Aug 2018**
- Determine technical assistance needs of hospitals that lack the capacity to link postpartum women and their infants to HIV treatment and care.

- Provide technical assistance to health districts regarding HIV positive pregnant women and postpartum women. Technical assistance may include location of nearest Ryan White clinic, referral list of infectious disease pediatricians in the area, etc.

**YEAR: Jan 2018 – Jan 2022**

## **NEXT STEPS**

- Distribute the HIV Perinatal Strategic Plan statewide.
- Develop an evaluation plan to monitor implementation and outcomes from the Strategic Plan.
- Implement ongoing development and feedback.





# APPENDIX 1

## LIST OF AGENCIES

CBO	Care Based Organization
CDC	Centers for Disease Control and Prevention
DBHDD	Department of Behavioral Health and Developmental Disability
DPH	Department of Public Health
GA-AETC	Georgia AIDS Education Training Center
GOGS	Georgia Obstetrical and Gynecological Society
RW	Ryan White
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

## APPENDIX 2

### LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
DIS	Disease Investigation Specialists
FIMR	Fetal Infant Mortality Review
HIV	Human Immunodeficiency Virus
NAT	Nucleic Acid Testing
PCM	Perinatal Case Management
PrEP	Pre-exposure Prophylaxis
RNA	Ribonucleic Acid
STI	Sexually Transmitted Infection

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