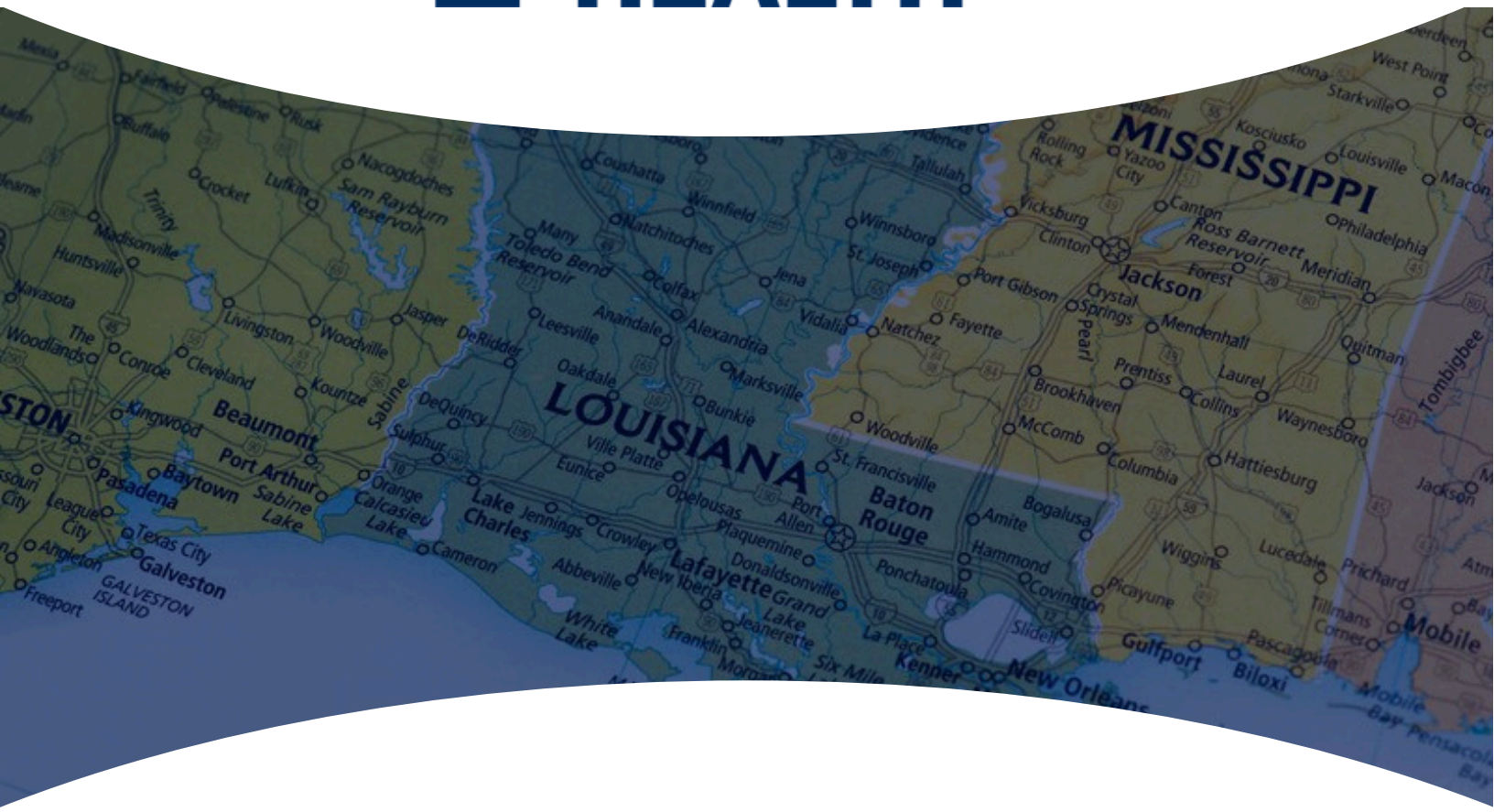
LOUISIANA DEPARTMENT OF HEALTH



PRENATAL SCREENING FOR

HIV/SEXUALLY TRANSMITTED INFECTIONS

Objective

The following materials are designed to inform community providers on the current guidelines for testing of HIV and sexually transmitted infections (STIs), with specific regard to staging and treatment of syphilis and congenital syphilis.

Act 437

Every primary, treating health care provider who provides routine prenatal care, services, or screening to a pregnant woman shall provide HIV and syphilis tests at the incidences listed below. The pregnant woman shall be informed that testing will be performed unless she declines.

1) The initial prenatal care visit with that health care provider during the woman's first trimester.

2) The first prenatal care visit in the third trimester with that healthcare provider or as soon as possible thereafter.

3) During labor and delivery.

In addition, the pregnant woman shall be tested for chlamydia and gonorrhea at the first prenatal visit. If a pregnant woman tests positive or the health care provider deems it necessary, they shall offer testing in the third trimester.

Prenatal Screening for STIs

First prenatal visit

- **Syphilis**: All pregnant women
- **HIV**: All pregnant women
- **HBV**: All pregnant women
- **Chlamydia and gonorrhea**: All pregnant women <25 years of age
- **HCV**: All pregnant women

Third trimester

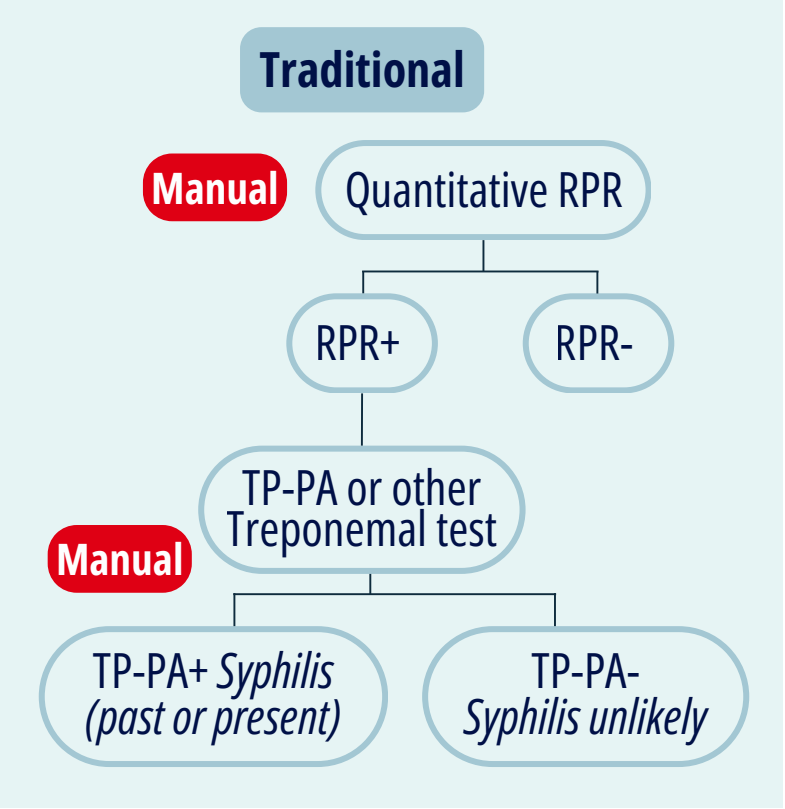
- **Syphilis**: Syphilis screening should be done at the first visit of the third trimester
- **HIV**: All pregnant women before 36 weeks
- **Chlamydia and gonorrhea:** The pregnant woman should be tested for chlamydia and gonorrhea at the first prenatal visit and offered testing in the third trimester if the woman tests positive ***or*** *if* it is deemed necessary by the health care provider

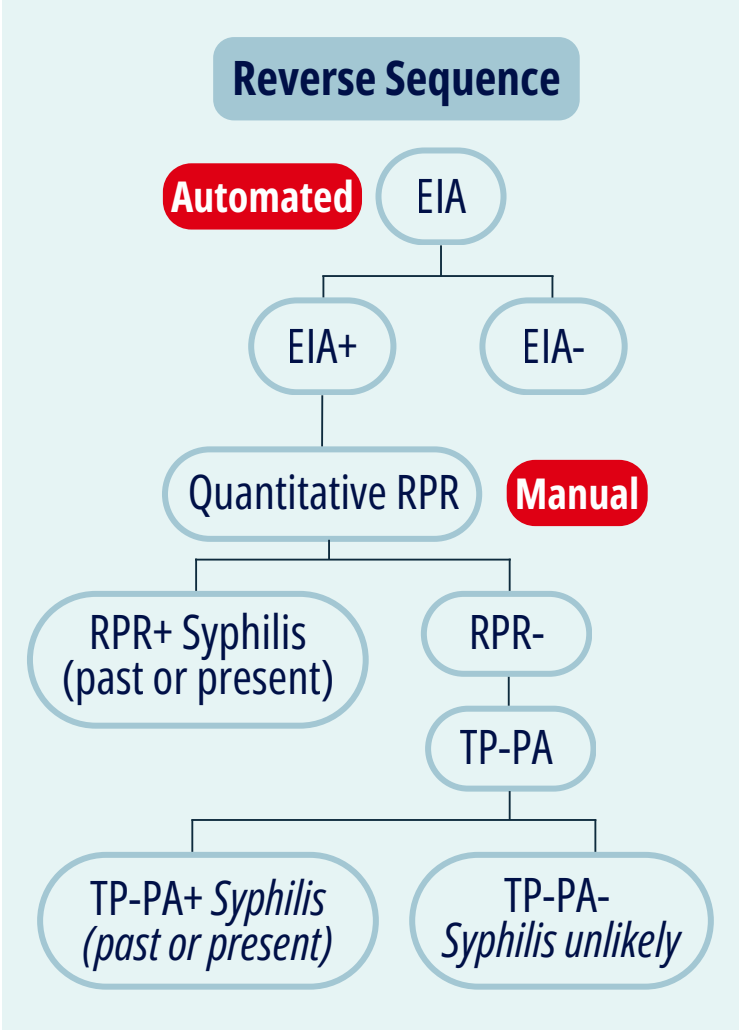
At delivery

- **Syphilis**: Screening at the first visit of the first prenatal visit, first visit of the third trimester, and at delivery, regardless of the previous results
- **HIV**: Pregnant women not screened during pregnancy
- **HBV**: Pregnant women not screened during pregnancy and have signs/symptoms of hepatitis
- **Chlamydia**: Pregnant women with a higher need for prevention

HBV – Hepatitis B virus
HCV – Hepatitis C virus
HIV – Human immunodeficiency virus
STI – Sexually transmitted infection

Syphilis Serologic Screening Algorithms





RPR – Rapid plasma reagin
TP-PA – Treponema pallidum particle agglutination
EIA – Enzyme immunoassay
CIA – Chemiluminescence immunoassay

1. CDC-recommended algorithm. Algorithms used by laboratories may vary. Check with your laboratory provider. **Source:** www.cdc.gov/mmwr/volumes/73/rr/rr7301a1.htm#F3_down
2. ***TRADITIONAL***: When ordering an RPR=rapid plasma reagin (non treponemal) and results are positive, order a REFLEX treponemal test such as TP-PA=Treponema pallidum particle agglutination assay. Both types of tests must be used to confirm a diagnosis. Other treponemal tests include EIA=enzyme immunoassay; CIA=chemiluminescence immunoassay
3. ***REVERSE SEQUENCE:*** When ordering EIA=enzyme immunoassay; CIA-chemiluminescence immunoassay; TP-PA-Treponema pallidum particle agglutination assay (treponemal tests) or RPR-rapid plasma reagin (non-trepomenal test), it is important to order a REFLEX test when results are positive. Both types of tests must be used to confirm a diagnosis. Results alone cannot be used to determine (New vs. Old/Treated vs. Untreated/Early vs. False Positive), so it is important to gather complete medical information and patient history to assist with treatment and additional evaluation considerations.

For an STI clinical management consultation, submit your question online to the **STD Clinical Consultation Network** at **www.stdccn.org.**

All cases of syphilis must be reported to the Louisiana Department of Health within one working day. (Louisiana Sanitary Code, LAC: 51:11.105)

SHHP PROVIDER CONSULTATION WARM LINE

Provider Consultation/Treatment and Laboratory Information

M-F 8:30 A.M. - 4:30 P.M.

225-846-2158

STIquestions@la.gov

Reporting Guidelines for STIs and HIV

Louisiana Sanitary Code, LAC: 51.11.105

Per Louisiana Law, **all clinicians** must report the following infections to the Office of Public Health within the specified time, **regardless** of independent, automatic reporting by laboratories.

Class B Diseases reportable within 1 business day

*Note: The following is a **partial** list of reportable diseases of relevance to STIs and HIV:*

- HIV infection in pregnancy
- HIV infection, perinatal
- Hepatitis C, perinatal
- Syphilis

Class C Diseases reportable within 5 business days

Note: The following is a partial list of reportable diseases of relevance to STIs and HIV:

- AIDS
- Chlamydia
- Gonorrhea (genital, oral, ophthalmic, rectal, PID)
- HIV infection (other than Class B)

Reporting Instructions

- **HIV or syphilis during pregnancy:**
  - Complete and fax HIV/Syphilis During Pregnancy form in 1 business day
  - Complete and fax STI-43 form in 1 business day
- **Syphilis and STIs outside of pregnancy:**
  - Complete and fax STI-43 form within 5 business days
- **Hepatitis reporting form** here

Confidential OPH fax: 504-568-8384

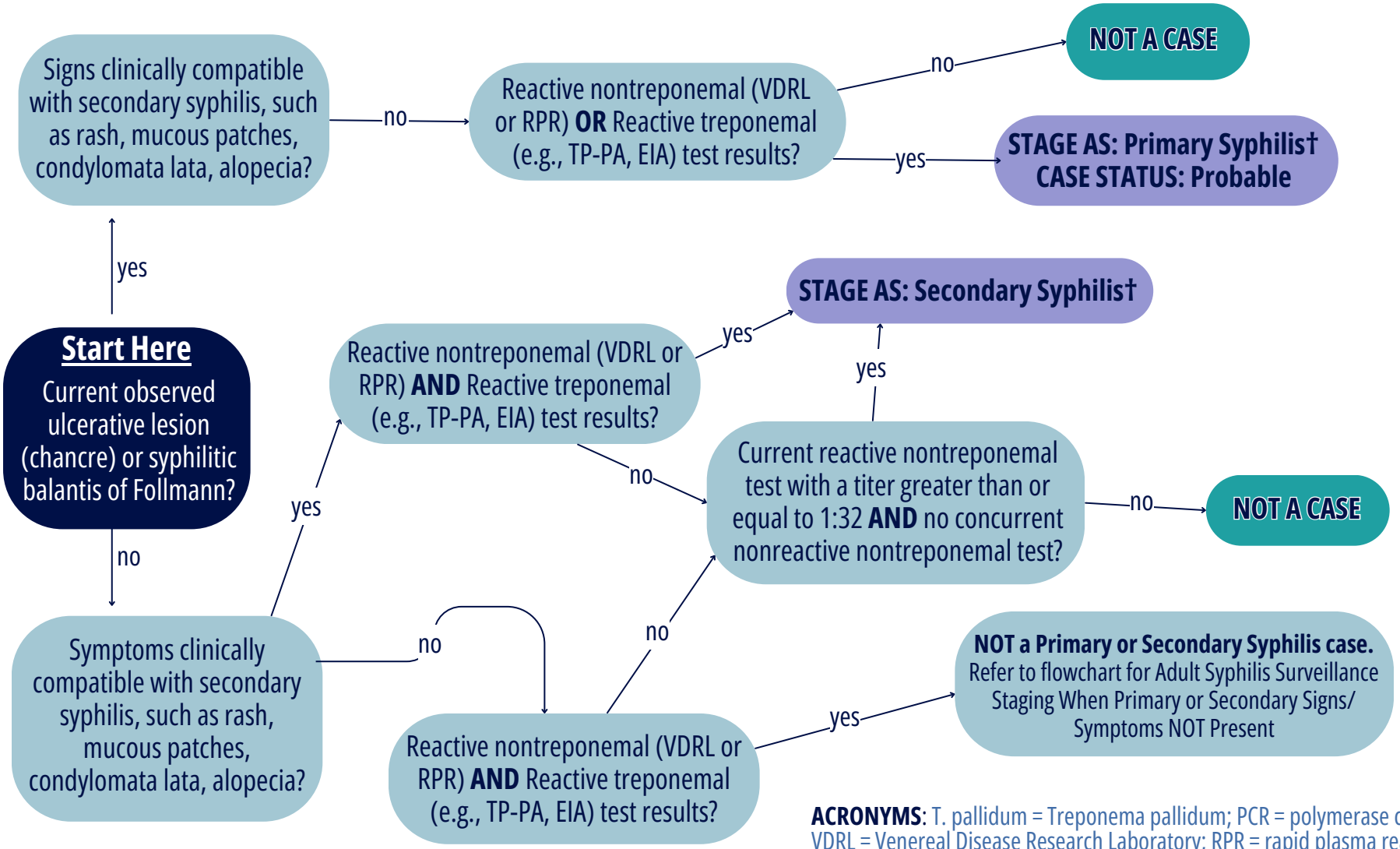
Phone line: 504-568-7474

FORMS CAN ALSO BE MAILED TO

LOUISIANA DEPARTMENT OF HEALTH - STI/HIV/HEPATITIS PROGRAM
1450 Poydras Street, Suite 2136
New Orleans, LA 70112

For questions regarding reporting HIV/STIs in pregnancy, call the HIV/STI/Hepatitis Perinatal Surveillance Supervisor at 504-568-7047.

SYPHILIS STAGING WHEN PRIMARY OR SECONDARY SYPHILIS SIGNS/SYMPTOMS ARE PRESENT

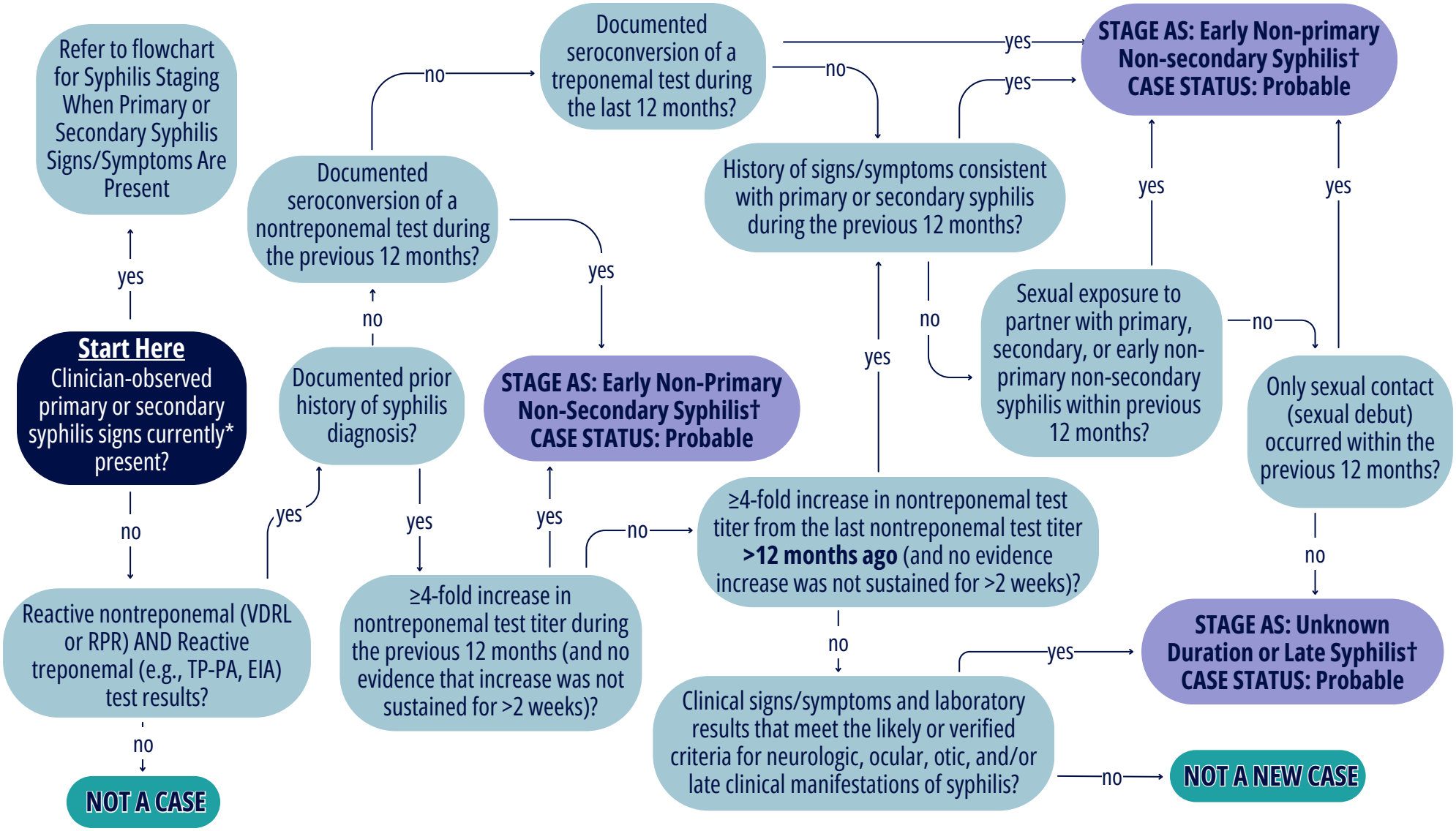


ACRONYMS: T. pallidum = Treponema pallidum; PCR = polymerase chain reaction; VDRL = Venereal Disease Research Laboratory; RPR = rapid plasma reagin; TP-PA = Treponema pallidum particle agglutination; EIA = enzyme immunoassay

SOURCE: https://www.cdc.gov/syphilis/about/index.html

*Current refers to the anchoring date of the original diagnosis, such as at time of original clinical diagnosis or positive screening test. †Neurologic, ocular, and otic manifestations of syphilis can occur at any stage. After assigning syphilis stage, assess all cases for these clinical manifestations and classify separately as "No," "Verified," "Likely," "Possible," or "Unknown." Late clinical manifestations of syphilis are classified separately as "No," "Verified," "Likely," or "Unknown." For assistance with classification of these manifestations, please see clinical manifestations algorithms.

SYPHILIS STAGING WHEN PRIMARY OR SECONDARY SYPHILIS SIGNS/SYMPTOMS ARE NOT PRESENT



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ACRONYMS: VDRL = Venereal Disease Research Laboratory; RPR = rapid plasma reagin; TP-PA = Treponema pallidum particle agglutination; EIA = enzyme immunoassay

CDC TREATMENT GUIDELINES FOR SYPHILIS

	STAGE OF SYPHILIS	REGIMEN	DOSE/ROUTE
EARLY SYPHILIS	Primary and secondary Early non-primary or secondary (less than 12 months)	Benzathine Penicillin G*	2.4 million units IM in a single dose
LATE SYPHILIS	Unknown duation or late (greater than 12 months)	Benzathine Penicillin G*	7.2 million units IM administered as 3 doses of 2.4 millionunits IM each, at 1 week intervals

*Benzathine Penicillin G is the only CDC-approved treatment for pregnant women.

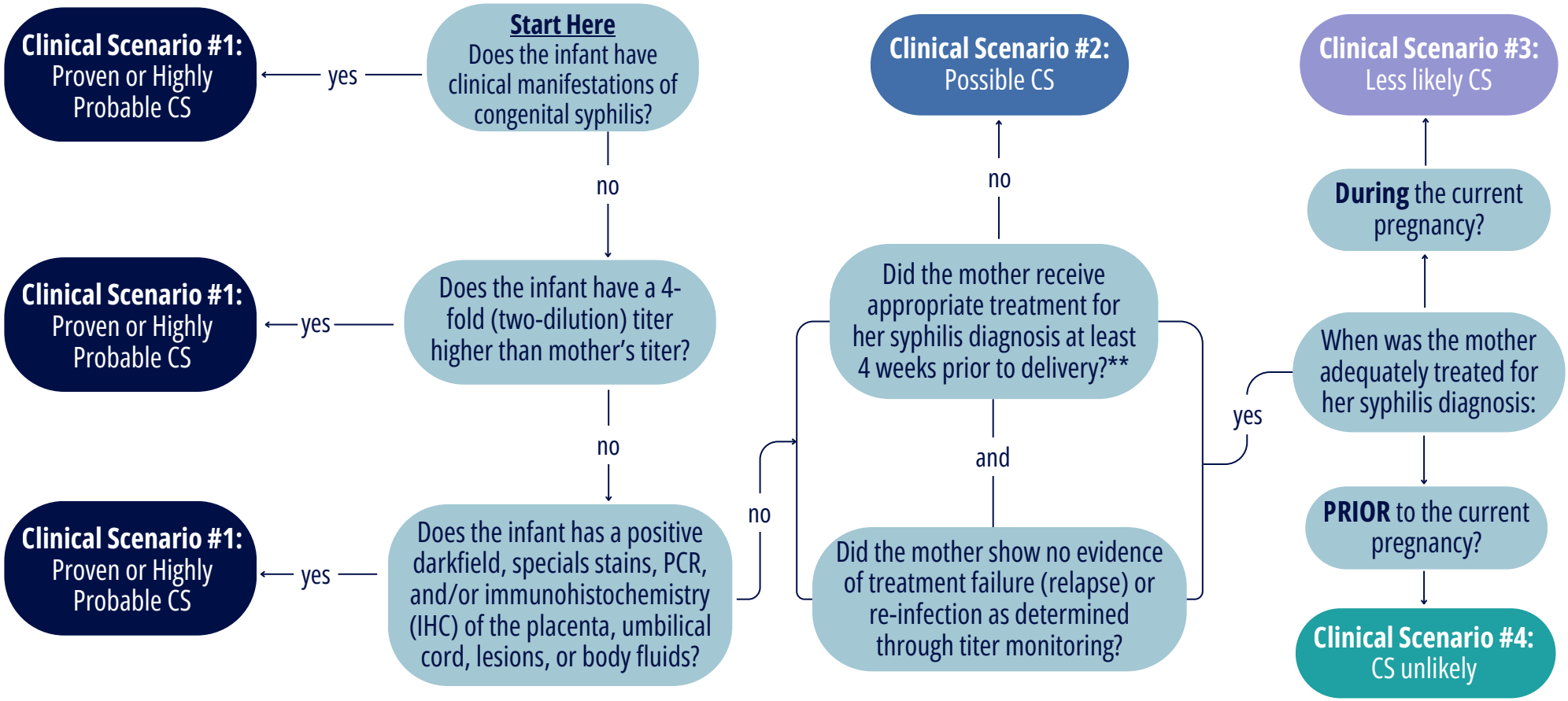
Additional Treatment Guidelines

• On the day of treatment, order an RPR test for a "day of treatment titer." This will serve as a benchmark to determine whether the patient has adequate treatment response.
• Longer treatment duration is required for persons with syphilis of unknown duration or late syphilis (infected for more than 12 months) to ensure adequate treatment.
• Intramuscular Benzathine Penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis in any stage who report penicillin allergy should be desensitized and treated with penicillin.
• Pregnant women diagnosed with late syphilis (3 doses) must be treated exactly 7 days apart. Pregnant women who miss any doses must repeat the full course of therapy.
• If patient is not pregnant and is allergic to penicillin, alternative regimens may be considered; see CDC STD Treatment Guidelines.

Treating Partners

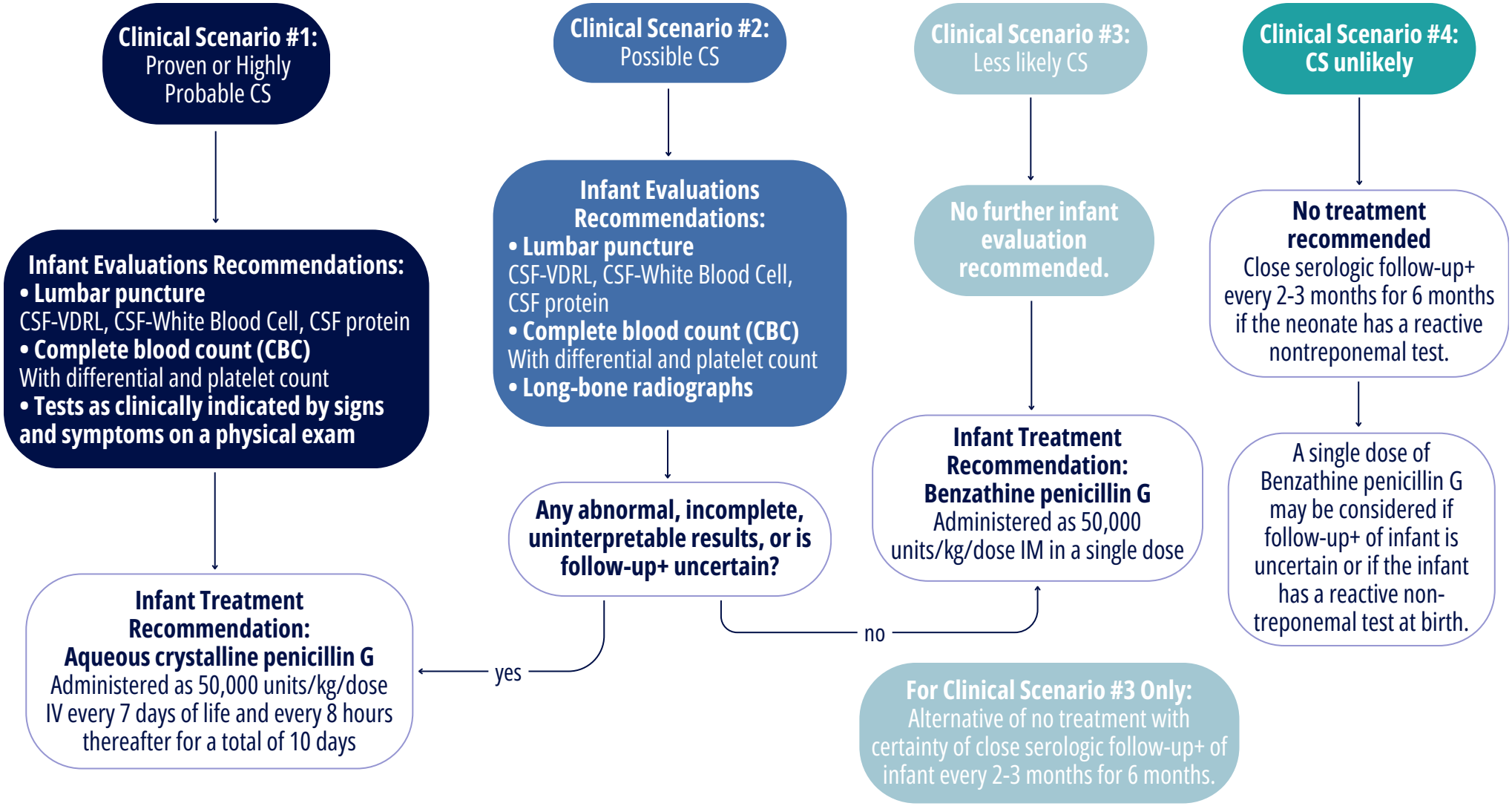
• All sexual partners should be tested and treated for syphilis if necessary.
• Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early non-primary/secondary syphilis within 90 days preceding the diagnosis should be treated presumptively for early syphilis, even if serologic test results are negative.
• Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early non-primary/secondary syphilis >90 days before the diagnosis should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for follow-up is uncertain. If serologic tests are negative, no treatment is needed. If serologic tests are positive, treatment should be based on clinical and serologic evaluation and stage of syphilis.

PROVIDER CONGENITAL SYPHILIS EVALUATION & TREATMENT



Appropriate syphilis treatment is defined as completion of a therapy regimen as outlined in the current **CDC STI Treatment Guidelines at the time of diagnosis or in the event of two dilution titer rise.
Benzathine penicillin G is the only acceptable treatment for pregnant women.

PROVIDER CONGENITAL SYPHILIS EVALUATION & TREATMENT CONT.



+ It must be the provider's professional opinion that the mother will make and attend follow-up appointments for syphilis evaluation for both the infant and herself based on CDC treatment guidelines.

Perinatal Case Management Program

Louisiana HealthHub
www.LAHHUB.org

The Perinatal Case Management Program connects pregnant clients diagnosed with syphilis to medical services and community-based resources, and provides care coordination to promote adequate, timely syphilis treatment and reduce the risk of re-infection during pregnancy to prevent future cases of congenital syphilis.

What is congenital syphilis (CS)?

A case of congenital syphilis occurs when an infant is exposed to inadequately treated syphilis in utero or during delivery. CS is completely preventable through early detection of maternal syphilis and treatment that begins at least 30 days before delivery.

Untreated CS can result in:

- Stillbirth
- Death of the newborn
- Other significant future health and developmental problems

Who is eligible?

Patients must reside in Louisiana and not be currently incarcerated. Perinatal case management services are available in all regions.

Perinatal case managers

Allison Dean, **LMSW**, Regions 5 (Lake Charles) and 6 (Alexandria)
Allison.Dean@la.gov
318-487-5278

Eunice Williams, **MAC, RSW**, Region 8 (Monroe)
Eunice.Williams2@la.gov
318-753-0957

LaRhonda Coleman, RSW, Region 7 (Shreveport)
LaRhonda.Coleman@la.gov
318-517-2264

Loni Shaw, BSN, RN, Regions 2 (Baton Rouge) and 4 (Lafayette)
Loni.Shaw@la.gov
225-449-3739

Tonya Templet, BSN, RN, Regions 1 (New Orleans) 3 (Houma), and 9 (Hammond/Slidell)
Tonya.Templet@la.gov
504-502-4272

Scan/click to learn more!

STI/HIV/Hepatitis Program **(504) 568-7474**

S H O T

Syphilis Home Observed Treatment

What is SHOT?

SHOT is a program designed to **decrease Louisiana's high rate of congenital syphilis infections** by offering treatment for syphilis **at home** for individuals (and their sexual partners) who have been diagnosed with syphilis.

Who is eligible?

This program is for **pregnant patients.** In order to be eligible for SHOT, a person must have a **current syphilis diagnosis** and **not be allergic to penicillin.** After a person has been referred and registered in SHOT, testing and treatment may also be offered to their partner(s).

How do I refer patients?

For more information, contact:
Lawrencia Gougisha, MPH, MSN, RN
Statewide Nurse Educator
lawrencia.gougisha@la.gov
504-568-7474

Louisiana HealthHub
STI/HIV/Hepatitis Program

SHOT helps tackle barriers that may prevent individuals from receiving timely treatment such as:

- Reinfection by untreated sexual partners
- Limited availability to go to a clinic
- Transportation difficulties

www justcheck.org | lahhub.org

SHHPDirectRx

Benzathine Penicillin (Bicillin L-A) Delivery Program

Untreated syphilis infections can lead to severe health issues.

During pregnancy, syphilis can cause:

- Miscarriage
- Stillbirth
- Low birth weight
- Birth defects

Bicillin is the **CDC-recommended treatment** for syphilis during pregnancy. You may qualify to receive deliveries of individual Bicillin doses for your patients free of charge.

For more information, contact:

Lawrencia Gougisha, MPH, MSN, RN
Statewide Nurse Educator
lawrencia.gougisha@la.gov
504-568-7474

Louisiana HealthHub
STI/HIV/Hepatitis Program

Louisiana Department of Health
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Louisiana HealthHub

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M-F 8:30 a.m. - 4:30 p.m.

STIquestions@LA.GOV

225-846-2158

How it works

1. A **provider** with clinical consultation needs or questions calls or emails the line.
2. The **SHHP Nurse Educator** receives the inquiry and provides clinical consultation in collaboration with the SHHP Medical Director/clinical leads.
3. SHHP logs the questions and provider information for data tracking.

What we provide

- Clinical consultation needs
- Historical laboratory and treatment information
- Client resources

Our goals

- Increasing collaboration between providers and the program
- Improving access to treatment
- Ensuring adequate staging and treatment of sexually transmitted infections (STIs), HIV, hepatitis C and congenital syphilis
- Improving linkage to care
- Improving client resource attainment

RESOURCES FOR PROVIDERS

ldh.la.gov
LouisianaHealthHub.org

LOUISIANA DEPARTMENT OF HEALTH

Louisiana HealthHub

PPCL

The **Provider to Provider Consultation Line (PPCL)** is a no-cost teleheath and consultation and education program that helps healthcare providers address the behavioral and mental health needs of pediatric (0-21) and perinatal patients. The program aims to increase the capacity to screen, diagnose, treat and refer patients to supportive services by integrating behavioral health into the primary care setting and connecting providers to mental health consultants and psychiatrists. Call **(833) 721-2881** to get connected.

Just Check Campaign

Just Check is an STI awareness campaign that emphasizes the importance of education, screening and treatment for syphilis, gonorrhea and chlamydia in Louisiana. The Louisiana Department of Health launched this campaign in response to alarming STI rates across Louisiana. Help us reach the goal of eliminating syphilis, gonorrhea and chlamydia statewide. Encourage Louisianans to get tested — all you have to do is just check. Visit **JustCheck.org** for more information.

stronger immunities. stronger communities.

The **Louisiana Immunization Program** aims to combat vaccine-preventable diseases by addressing health disparities, dispelling stigmas and tackling misinformation statewide. Learn more at **ldh.la.gov/immunizations**.

Healthy Louisiana

Update your contact information and renew your coverage! Visit **ldh.la.gov/mymedicaid**.

TELE PrEP

louisianahealthhub.org/teleprep

Virtually connect with a provider who can prescribe PrEP through telemedicine. FDA-approved medications Truvada and Descovy are highly effective at preventing HIV, reducing the risk of infection by 92-99%. Call or text (**504) 877-2464** to reach a TelePrEP navigator.

988 HELP & HOPE ARE HERE

The **Louisiana 988** helpline provides immediate emotional and mental support to Louisianans. It is free, confidential and available 24/7. The 988 specialist will listen, provide support and connect the caller with local resources. Learn more at **Louisiana988.org**.

OpioidHelpLA

Opioid abuse is highly prevalent in Louisiana, where addiction to opioid medications, overdose deaths, emergency room admissions and over-prescribing are common. Learn more at **OpioidHelpLA.org**. *Providers: TEXT "Opioid" to **898-211** for instant information and resources.*

Community HEALTHWAYS

Addresses individuals' health-related social needs and community factors for all La residents through Community Health Workers with an understanding of the community served and available resources. The Community Health Worker assists individuals in addressing social needs that lead to poor health by connecting them with local resources for food insecurity, housing, transportation, utility assistance, counseling, employment, education, and more.

Visit **www.ldh.la.gov/chways**

RESOURCES FOR OUR COMMUNITY

LOUISIANA DEPARTMENT OF HEALTH

Louisiana HealthHub

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OpioidHelpLA

Do you or someone you know need help quitting opioids? Are you looking for additional resources and want more information about opioid misuse? Text "Opioid" to **898-211** for instant information and resources. Learn more about opioids in Louisiana at **ldh.la.gov/subhome/54** and **OpioidHelpLA.org**.

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