Notice of Funding Opportunity CDC-RFA-PS-24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments

HIV Perinatal Program Guidance

Division of HIV Prevention
Centers for Disease Control and Prevention

Overview

Perinatal HIV surveillance and prevention programs, including the testing of pregnant persons and treatment for those with diagnosed HIV infection, have resulted in dramatic declines in the number of children with HIV infection. A large proportion of pregnancies among persons with HIV infection now occur after HIV has been diagnosed, emphasizing the importance of linking and retaining persons with HIV in care whether pregnant or not. Even though testing and treatment are universally recommended, there continues to be perinatal HIV transmission in the United States each year. These infections are due to missed opportunities for prevention, such as a lack of detection of HIV infection in pregnant persons or a lack of adequate preconception care (e.g., adequate therapy and pregnancy planning for persons with HIV infection).

Perinatal HIV surveillance and prevention activities with HIV exposure reporting and perinatal services coordination is an integrated approach to maintaining the achievement of perinatal HIV elimination goals. The approach combines broad population-based surveillance and HIV testing efforts in pregnant persons and children with perinatal HIV exposure reporting, provision of perinatal HIV services coordination and continuous quality improvement of services in the most affected jurisdictions.

Successful HIV programs recognize the syndemics that affect the people and places disproportionately affected by HIV. In the context of perinatal HIV infection, congenital syphilis is a critically related syndemic. Congenital syphilis continues to surge in the United States and must be a public health priority. In light of these increasing numbers, a strategic focus on the intersection of perinatal HIV infection and congenital syphilis is needed. Therefore, surveillance and prevention activities to diagnose, treat, and prevent congenital syphilis should be incorporated into HIV-related strategies as appropriate.

Summary of Activities

The following perinatal HIV prevention and surveillance activities are covered under PS24-0047.

Required activities in all jurisdictions:

1. Promote routine prenatal HIV and syphilis testing of all pregnant persons, diagnostic HIV testing for HIV-exposed infants, and neonatal syphilis screening per CDC and HHS recommendations.
2. Conduct perinatal, maternal, and infant HIV and syphilis prevention and surveillance activities per CDC recommendations (*TG Pediatric HIV Surveillance* file)
3. Conduct annual matching of persons with diagnosed HIV reported to surveillance with the state birth registry and tribal birth registry, as applicable and report data to CDC (*TG Pediatric HIV Surveillance* file). Collaborate with your local STI program to complete a match between syphilis surveillance and local vital records data.

Expanded activities required in a subset of jurisdictions:

4. Conduct Perinatal HIV Exposure Reporting (PHER), where laws/regulations allow.
5. Develop and implement standard operating procedures for identifying and conducting follow-up of perinatally HIV-exposed infants according to CDC guidance.
6. Support Perinatal HIV Services Coordination (PHSC) to address local issues that lead to missed perinatal HIV surveillance and prevention opportunities.
7. Assess and improve perinatal HIV systems conducting case review and community action using the Fetal Infant Mortality Review (FIMR) Prevention Methodology or a similar process (refer to http://www.fimrhiv.org/) and incorporate congenital syphilis reviews and systems improvement.

CDC strongly recommends that all jurisdictions conduct expanded perinatal HIV prevention and surveillance activities, regardless of HIV or syphilis prevalence. To achieve perinatal elimination goals and maximize provision of services for pregnant persons and infants, 17 areas will be required to participate in activities 4 – 7.

Expanded activities should be conducted by jurisdictions having two or more of the following at year-end 2021:

- ≥100 perinatally HIV-exposed infants born in 2021,
- counties with ≥1,000 females (sex assigned at birth) aged 15-44 years living with diagnosed HIV infection,
- counties with a rate of ≥300 per 100,000 of females (sex assigned at birth) aged 15-44 years living with diagnosed HIV infection,
- or counties with a rate of ≥4.6 per 100,000 of females (sex assigned at birth) with diagnosed primary or secondary syphilis.

These 17 jurisdictions include: California (excluding San Francisco), Chicago, District of Columbia, Florida, Georgia, Houston, Los Angeles, Louisiana, Maryland, Mississippi, New Jersey, New York City, North Carolina, Ohio, Philadelphia, Tennessee, and Texas (excluding Houston). Activities should be conducted within the entire jurisdiction, MSA, county, city, or facilities where the recipient deems the problem to be most significant. Other jurisdictions not mentioned can implement these activities as an option if the jurisdiction considers them a priority and has the capacity.