

# Routine Prenatal HIV and STD Testing

## Test Guidance and Referral Resources



Ending  
the  
HIV  
Epidemic

### About Universal HIV Screening and Testing in Pregnancy

- All HIV testing must be voluntary and no person should be tested without their knowledge.
- No additional process or written documentation of informed consent beyond what is required for other routine prenatal tests is required for HIV testing.
- For patients who test negative and either request HIV pre-exposure prophylaxis (PrEP) or may be at elevated risk of HIV acquisition during pregnancy, discuss and offer PrEP. PrEP is not contraindicated during pregnancy or while breast/chestfeeding an infant.
- Clinicians should refer patients who test positive for HIV to a Perinatal HIV Specialty program (see "[Perinatal HIV Specialty Centers Guide](#)") for initiation of antiretroviral therapy (ART) and coordination with a high-risk OB team.
- When a patient presents with symptoms suggestive of acute HIV infection, the clinician should perform an HIV test immediately, even if a previous HIV screening test result during the current pregnancy was non-reactive.
  - For evaluation of acute HIV, obtain a plasma HIV RNA test in conjunction with an HIV antigen/antibody combination immunoassay.

### How to Test for HIV and Common STDs:

#### HIV Test

- Instrumented, lab-based 4th generation combined ANTIGEN/ANTIBODY screen preferred
- Repeat test in 3rd trimester if at elevated risk

#### Syphilis

- Order TREPONEMAL TEST (TP-PA, EIA, CIA)
- If positive, NON-TREPONEMAL TEST (RPR or VDRL) should be sent as reflex test or by provider order
- Repeat test in 3rd trimester and at delivery

#### Gonorrhea (GC)

- Test from urine and/or vaginal/cervical site
  - Strongly consider self-collected throat and rectal swabs for NAAT testing

#### Chlamydia (CT)

- Test from urine and/or vaginal/cervical site
  - Strongly consider self-collected rectal swab for NAAT testing
- If positive, order test of cure 4 weeks after treatment and retest within 3 months

\*\*TP-PA=Treponema pallidum particle agglutination assay; EIA=enzyme immunoassay; CIA=chemiluminescence immunoassay; NAAT=nucleic acid amplification testing

### Assistance and Referrals for positive HIV and STD Testing

Positive HIV Test	Call <b>DHSP Linkage and Reengagement Program (LRP) Warmline</b> within one business day of new HIV test result <ul style="list-style-type: none"> <li>• Important linkage to HIV services</li> </ul>	<b>(213) 639-4288</b> Monday to Friday 8:00 AM – 5:00 PM
Positive Syphilis Test	Call <b>DHSP Clinical Guidance and Nursing Warmline</b> for assistance with syphilis result interpretation, titer history, and treatment guidance.	<b>(213) 368-7441</b> Monday to Friday 8:00 AM – 5:00 PM

For questions related to Perinatal HIV Surveillance and Prevention Activities, contact Azita Naghdi at (323) 893-9095 or [anaghdi@ph.lacounty.gov](mailto:anaghdi@ph.lacounty.gov).

