

December 2003

Dear NICU Director:

The purpose of this letter is to provide you with guidance relating to the performance of expedited HIV testing in the newborn intensive care unit (NICU), in cases where a newborn is transferred from another facility or from out of state, and is in response to questions raised by some facilities. New York State regulations [10NYCRR 69-1.3(l)] require the Chief Executive Officer of a birth facility to provide newborn screening, including expedited HIV testing, where no specimen was previously collected, to all newborns admitted within the first 28 days of life. This includes transfers to the NICU of children born out of state.

In cases where the newborn is transferred within 28 days after birth, the receiving facility is responsible for the following activities related to expedited HIV testing:

- assessing medical record documentation to determine whether the mother's HIV status was known at delivery, and if not, whether expedited testing was performed by the transferring facility;
- providing expedited HIV testing of the newborn in cases where such documentation is lacking;
- reporting the expedited HIV test result directly to the mother if she has been discharged from the transferring facility or to the transferring facility if she has not been discharged;
- providing antiretroviral prophylaxis (ARV) to the newborn within 48 hours of birth, if the preliminary test is positive;
- obtaining a confirmatory test result within four days if the preliminary expedited HIV test result was positive;
- obtaining the Guthrie heel-stick specimen for newborn screening;
- ensuring appropriate completion of the HIV test information on DOH 1514, the Newborn Screening Blood Collection form, and
- ensuring appropriate completion of DOH 4159, Report on Preliminary Positive HIV Test Results, if indicated.

Knowledge of the mother's serostatus is particularly important in the case of high-risk, low birth weight infants, who are predominant in the census of the NICU and for whom the provision of breast milk to supplement feedings is often encouraged. Although antiretroviral therapy is of benefit only when initiated during labor and delivery or immediately after birth, knowledge of the mother's serostatus is crucial to recommendations regarding the initiation or continuation of use of breast milk.

If expedited HIV testing is indicated, the NICU attending physician must make a good faith effort to first discuss testing with the mother. However, in some urgent circumstances, it may not be possible to contact and/or counsel the mother before testing is done. In these cases, the facility must make every reasonable effort to locate the mother and provide her with counseling. Such efforts should be fully documented in the newborn's medical record. If the mother cannot be located, the facility may provide expedited testing and appropriate care for the newborn. The mother should be counseled and notified of the test result as soon as possible. For out-of-state residents, the results of HIV testing should be returned

to the mother according to the Newborn Screening Program reporting agreements that the facility has already established with other states.

Prompt HIV testing in the NICU for newborns transferred from other facilities, when indicated, is one step facilities can take to reduce the rate of mother-to-infant transmission of HIV to the lowest possible level. Please contact Ellen Kowalski or Sheila Hackel at (518) 473-8427 if you have questions. Thank you.

Sincerely,

Guthrie S. Birkhead, M.D., M.P.H.
Director, AIDS Institute

cc: Chief Executive Officer
HIV Designee
Laboratory Director