NEW YORK STATE | Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, MD, MPH
Commissioner

JOHANNE E. MORNE, MS
Executive Deputy Commissioner

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Dear Provider:

As part of New York State's commitment to end preventable epidemics, including HIV, hepatitis C, and congenital syphilis, this letter is to inform you of specific actions aimed at sustaining elimination of perinatal HIV transmission and further reducing pediatric HIV infection. As a State Health Department partner organization or clinical provider, you are critical in this prevention effort.

The total number of new diagnoses of perinatally-acquired HIV infection among infants is low[1]; however, perinatal transmission persists and remains a prevalent route for pediatric HIV infection. Factors associated with perinatal HIV transmission in New York State have remained unchanged demanding heightened awareness and continued efforts to end recurrent missed opportunities to prevent perinatally acquired HIV infection.

SPECIFIC ACTIONS TO PREVENT PERINATAL HIV TRANSMISSION:

1. Eliminate policies and practices that are stigmatizing and discriminatory toward pregnant and parenting people who use substances.
2. Provide a strong clinical recommendation that sexual partners of pregnant and breast/chestfeeding individuals be screened for HIV and other sexually transmitted infections.
3. Identify and address intimate partner violence.
4. Identify acute HIV infection during pregnancy and breast/chestfeeding.
5. Integrate pre- and inter-pregnancy counseling/care into routine health care encounters.

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1. **Eliminate policies and practices that are stigmatizing and discriminatory toward pregnant and parenting people who use substances.**
   - Create a safe, welcoming, and non-judgmental environment that utilizes a trauma-informed approach to care.
   - Perform universal verbal screening, with consent, for substance use and misuse, using a validated instrument, as part of routine obstetric care.
   - Educate and reinforce, among healthcare and allied health professionals (e.g., social worker, case manager) and patients, that substance use alone, no matter how identified (e.g., self-report, toxicology, medical record note, newborn symptoms, etc.) is not evidence of child abuse or neglect or cause for child removal.
   - Be transparent about how information obtained about substance use is shared with internal staff and external agencies.
   - Focus on treatment, harm reduction, and support using shared decision-making and an interdisciplinary approach to ensure comprehensive patient-centered care.
   - Address social determinants of health (e.g., transportation, supportive housing, food security, etc.) through referral, linkage and navigation, and active care coordination.

[1]New York State met the Centers for Disease Control and Prevention (CDC) elimination goal (i.e., less than 1 HIV infection per 100,000 live births and infection in less than 1% of HIV-exposed births) in 2013, and 2015 – 2023. 2023 New York State HIV/AIDS Annual Surveillance Report

2. **Provide a strong clinical recommendation that sexual partners of pregnant and breast/chestfeeding individuals be screened for HIV and other sexually transmitted infections (STIs).**
    - Improve messaging to dispel the inaccurate assumption that a pregnant person's HIV status is a proxy for their sexual partners' HIV status.
        - Partner testing provides an opportunity for antiretroviral therapy (ART) initiation by partners testing positive, pre-exposure prophylaxis (PrEP) initiation by serodiscordant partners testing negative, and other preventive measures to decrease the risk of perinatal HIV transmission and transmission to partners.

3. **Identify and address intimate partner violence (IPV).**
    - Routinely screen for current and past IPV throughout pregnancy and postpartum.
    - Integrate HIV/STI education into IPV screening, prevention, and care.
    - Strongly recommend HIV/STI screening of pregnant and postpartum people when IPV is identified or suspected, *even if a previous HIV screening result during the current pregnancy or immediate postpartum period was non-reactive.*
    - Establish policies and procedures to immediately address IPV and safety planning.

4. **Identify acute HIV infection (AHI) during prenatal and postnatal periods.**
    - Include acute HIV infection in the differential diagnosis for any pregnant or breast/chestfeeding person who presents with signs or symptoms consistent with influenza ("flu"), mononucleosis ("mono"), COVID-19, or other viral syndromes, *even if a previous HIV screening result during the current pregnancy or immediate postpartum period was non-reactive.*
        - **Common signs and symptoms of AHI may include, but are not limited to:** fever, pharyngitis, fatigue, myalgia, arthralgia, rash, nausea, vomiting, diarrhea, headache, night sweats, oral ulcers, and lymphadenopathy.
    - Screen all pregnant people for HIV during the third trimester (prior to 36 weeks' gestation) with the required third trimester syphilis screen (ideally, 28- to 32-weeks').
    - Make sexual health discussions a routine part of every prenatal visit.

5. **Integrate pre- and inter-pregnancy counseling and care into *all* routine health care encounters for people of childbearing potential.**
    - For people living with diagnosed HIV, initiate or modify ART in anticipation of pregnancy; provide adherence support to achieve and maintain viral load suppression *before* conception; offer disclosure assistance; discuss and plan for infant feeding options.
    - Use a shared decision-making, non-coercive approach to the education and offer of contraception, pregnancy planning, and birth spacing.
    - Perform an assessment for health-related social needs with active referral, linkage and navigation to Social Care Networks and other resources to address identified needs *before* conception; in relation to HIV, address barriers which may impact adherence and viral load suppression.
    - Screen/treat for substance use, alcohol and tobacco use, mental health needs, and other conditions and chronic diseases.
    - Screen for/initiate PrEP; screen/treat infectious diseases including HIV/STIs/hepatitis C.

Sincerely,

Joseph Kerwin
Director, AIDS Institute

Resources

State Health Department, AIDS Institute, Clinical Guidelines Program

- Perinatal HIV Prevention
- Substance Use Care
- HIV Testing and Acute HIV
- PEP and PrEP
- Sexual Health Care

U.S. Department of Health and Human Services, Clinical Guidelines

- What's New: Perinatal HIV Clinical Guidelines | NIH – please note, significant revisions were made in December 2024 and June 2025, including *Antiretroviral Management of Infants With In Utero, Intrapartum or Breastfeeding Exposure or HIV Infection*
- Pregnancy and Postpartum HIV Testing and Identification of Perinatal and Postnatal HIV Exposure | NIH

Clinician Hotlines

State Health Department, AIDS Institute, Clinical Education Initiative (CEI) Program

- CEI; **CEI Clinical Consultation Line: 866-637-2342**
  - Toll-free service for New York State clinicians offering real-time clinical consultations with specialists on HIV, sexual health, hepatitis C, and drug user health.

National Clinical Consultation Center (NCCC)

- NCCC; Perinatal HIV/AIDS **National Hotline: 888-448-8765; 24 hours/seven days**

Trauma-Informed Care

- Caring for Patients Who Have Experienced Trauma | American College of Obstetrics and Gynecology (ACOG)

Substance Use

- New York State Office of Addiction Services and Supports (OASAS) and Pregnant and Parenting Persons

Intimate Partner Violence

- New York State and National Domestic Violence Hotline Numbers
- Domestic Violence: New York City Resources for Health Care Providers
- New York State Office for the Prevention of Domestic Violence: Trainings
- Intimate Partner Violence | ACOG

Pre- and Inter-pregnancy Counseling and Care

- Prepregnancy Counseling and Care for People of Childbearing Age With HIV | NIH
- Prepregnancy Counseling | ACOG
- Recommendations to Improve Preconception Health and Health Care in the United States | CDC
- Patient-Centered Contraceptive Counseling | ACOG

Partner Services

- Partner Services in New York State
- What Health Care Providers Need to Know about Partner Services
- How to Report a Diagnosis of HIV or AIDS and Partner Services in New York City