



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
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PHIL BREDESEN
GOVERNOR

KENNETH S. ROBINSON, M.D.
COMMISSIONER

April 19, 2006

The Honorable Tom A. Coburn, M.D.
U.S. Senator
United States Senate
Washington, DC 20510-3604

Dear Senator Coburn:

I am responding to your letter requesting information about Tennessee's experience with HIV testing for pregnant women and perinatal HIV transmission. Tennessee's law on HIV testing for pregnant women was passed in 1997 and is considered "opt out" legislation; requiring a pregnant woman to be administered a test for HIV unless she "opts out." This has resulted in early identification and treatment of pregnant women and their infants, resulting in a significant decrease in perinatal transmission of HIV. Tennessee considers this statute to be a success.

The chart attached illustrates a comparison of births by HIV infected women to the numbers of infants infected through perinatal transmission in Tennessee since the law was enacted. We do not have the number of births that occurred by HIV infected women in 1996, the year prior to the legislation. However, we do know that there were 15 HIV infected infants born during that year. Although there have been fluctuations in the annual numbers of infected infants, the table demonstrates a decreasing trend of perinatal transmission.

In an effort to further lower the number of HIV infected infants, a partnership was created between the Department of Health and a large urban hospital where most of the infected infants have been delivered. Beginning in early summer of 2006, the hospital will be offering the HIV rapid test in labor and delivery to any woman whose HIV status is unknown. Since the law is "opt out," unless the woman specifically refuses, she will be tested. We believe that this increase in testing will further lower the number of HIV infant transmissions.

There is no evidence in Tennessee that the law has discouraged women from seeking prenatal care. An analysis of the percentage of women with no prenatal care before

delivery indicates no significant change from 1996 to 2004. The percentage of pregnant women who received no prenatal care fluctuated from 1.3 to 1.5 during that time with no discernable trend.

We do not have data on the percentage of women who refused testing or their reasons. There is no requirement in the legislation for providers to report this information; anecdotally, we believe the number to be very small. We also do not have data on the percentage of newborns and new mothers that are sent home after delivery with an unknown HIV status. Our belief is that most of the transmission is occurring in substance abusing women who do not seek prenatal care or in infected women who have not developed antibodies at the time of the initial test.

All of the women and children who test positive in Tennessee are referred into care through our network of AIDS Centers of Excellence. Both Memphis and Nashville, where most of the births to HIV infected women occur, have strong outreach and case management programs for finding and following HIV infected pregnant women and their infants. The program at the Comprehensive Care Center in Nashville has provided care for over 139 HIV infected pregnant women delivering 150 infants without a single infant transmission. This has been accomplished through intensive case management during the prenatal period and the infant's first months. Although very labor intensive and time consuming, the program has demonstrated cost effectiveness.

The experience in Tennessee with prenatal HIV testing has been a very positive one with demonstrated decreased transmission. We are certainly supportive of the efforts to make HIV testing a routine part of prenatal care. If you have additional questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kenneth S. Robinson, M.D.', with a long horizontal flourish extending to the right.

Kenneth S. Robinson, M.D.
Commissioner

KSR/AJS

Attachment