SYPHILIS

Health care providers are required by Illinois law (410 ILCS 320/1) to screen pregnant individuals for syphilis infection during the first prenatal visit and during the third trimester (28-32 weeks' gestation). Report congenital syphilis cases within 24 hours

- If any blood test indicates a positive or inconclusive result, additional tests must be performed.
- Additional screening recommended at delivery in high incidence areas.

- Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined at least once during pregnancy and preferably again at delivery.

***Pregnant individuals must be treated with benzathine penicillin G (Bicillin® L-A) according to the stage of infection.

Risk Factors

- Multiple sex partners in the last six months.
- Evaluation or treatment for STIs.
- Not previously tested or having a positive test in the first trimester.
- Behaviors that constitute an increased risk for an STI.
- Living in an area with high numbers of syphilis cases.

Delivery of a stillborn infant after 20 weeks' gestation requires retesting regardless of risk.
Note: Sex partners must be treated to avoid reinfection.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

QUESTIONS?

Health care providers needing additional information should contact their local health department for assistance.

Illinois HIV/STI Hotline:
1-800-243-2437

Illinois Perinatal HIV Hotline (24/7):
1-800-439-4079

WEBSITES

IDPH STI Website

Centers for Disease Control and Prevention: Screening Recommendations

SCREENING RECOMMENDATIONS FOR PREGNANT PERSONS

Sexually Transmitted Infections (STI), Hepatitis B/C, and Human Immunodeficiency Virus (HIV)

Sexually transmitted infections (STI) can complicate pregnancy and may have serious consequences for a pregnant person and their developing baby.

As a health care provider caring for pregnant individuals, you play a key role in safeguarding the health of your patients. A critical component of appropriate prenatal care is ensuring pregnant patients are tested for STIs.

Test pregnant patients for STIs starting early in their pregnancy and repeat, as needed, close to delivery. To ensure the appropriate tests are performed, you are encouraged to have open, honest conversations with your pregnant patients and, when possible, their sex partners about symptoms they have experienced or are currently experiencing and any high-risk sexual behaviors in which they engage.

CHLAMYDIA AND GONORRHEA

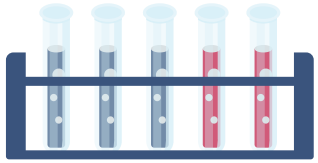
Pregnant individuals < 25 years of age and pregnant individuals at increased risk for infection should be routinely screened for chlamydia and gonorrhea during the first prenatal visit.

Risk Factors

- New or multiple sex partners or sex with concurrent partners.
- Previous or coexisting sexually transmitted infection.
- Sex partner diagnosed with a sexually transmitted infection.
- Living in high morbidity area .
- Exchanging sex for money or drugs.

For both chlamydia and gonorrhea:

- Rescreen in third trimester if < 25 years of age or at continued high risk.
- Pregnant individuals found to have a chlamydia and/or gonorrhea infection should be re-tested within three months.



**Note: Pregnant individuals found to have chlamydia infection should have a test-of-cure 3 to 4 weeks after treatment.

HEPATITIS

B and C

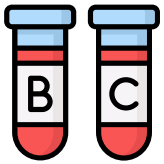
Hepatitis B

Pregnant individuals must be screened for hepatitis B surface antigen (HBsAg) during the first prenatal visit of each pregnancy, even if they have been previously vaccinated or tested. Pregnant individuals who were not screened prenatally should be tested upon admission for delivery.

Risk Factors for Hepatitis B

- More than one sex partner in the previous six months.
- Evaluation or treatment for a sexually transmitted infection.
- Recent or current injection-drug use.
- HBsAg-positive sex partner.
- Pregnant individuals at high risk should be vaccinated for HBV.

**** Pregnant individuals who are at high risk for hepatitis B infection or with signs/symptoms should be tested upon admission for delivery.**



Hepatitis C

Pregnant individuals at high risk should be screened for hepatitis C during the first prenatal visit.

Risk Factors for Hepatitis C

- Past or current injection-drug use
- Long-term dialysis
- History of blood transfusion or organ transplantation before July 1992
- Known Hepatitis C Virus exposure

HIV

Health care providers are required by Illinois law (410 ILCS 335/1) to screen newborns for HIV if gestational parent's HIV status is unknown.

Pregnant individuals should be screened for HIV during the first prenatal visit and third trimester*. (*Between 28-32 weeks' gestation)

- Screening should be conducted after the individual is notified they will be screened for HIV as part of the routine panel of prenatal tests unless they decline (e.g., opt-out screening).
- For women who decline HIV testing, providers should address their objections and, when appropriate, continue to strongly encourage testing.
- Those who decline testing because they have a previous negative HIV test should be informed of the importance of retesting during each pregnancy.
- Additional testing of the newborn is not required if the mother has documentation of a negative HIV test in her third trimester or if she previously tested positive for HIV.

Risk Factors

- Recent or current injection-drug use.
- Sexually transmitted infection during pregnancy.
- Multiple sex partners during pregnancy.
- Live in an area with high HIV prevalence or has HIV-infected partner(s).

Rapid HIV screening should be performed on anyone in labor who has an undocumented HIV status unless they decline. If rapid results are reactive, antiretroviral prophylaxis is recommended prior to confirmatory test results.