Introduction: As a consequence of the progressive increase in the number of AIDS cases in women in Brazil, Vertical Transmission (VT) has assumed great epidemiological importance. This way of transmission has become a major challenge for Public Health, demanding new surveillance strategies, mainly in order to guarantee HIV testing in prenatal care. Early diagnosis makes it possible to adopt prophylactic measures to avoid infection. The probability of transmission can reach 25.5% without any intervention, but preventive interventions can reduce to levels between 0% and 2%. The objective of this study was to evaluate the efficacy of surveillance actions in the early diagnosis of HIV in pregnant women followed in Primary Care in Ribeirão Preto and the frequency of HIV infection in these pregnant women from 2007 to 2015.

Methods In Ribeirão Preto the HIV test is offered to all women as soon as the pregnancy is confirmed in the first care with the nurse; and it is repeated in the second and third trimesters of gestation. The Public Laboratory performs HIV testing on all pregnant women followed in Primary Care according to the Guidelines of the Technical Manual for the Diagnosis of HIV Infection established by Health Ministry. The Lab reports to the STD/AIDS Program for all REAGENT tests by email. The Program contacts the Health Unit where the pregnant is being followed. Afterwards they are referred to a specialised Health Unit in which they are monitored so that all the prophylactic measures are taken in time to avoid VT. The results were analysed through a retrospective study, using data from Information System for Notifiable Diseases (SINAN), Information System for Live Births (SINASC) and Information System of the Public Laboratory. All pregnant women attended between 2007 and 2015 were selected.

Results During the study period, 69 827 children from mothers residing in Ribeirão Preto were born; 43 856 (62.8%) had HIV infection in these pregnant women from 2007 to 2015.

Conclusion Early diagnosis, surveillance actions and monitoring of pregnant women in prenatal care in the Public Health System are effective in reducing VT. There is a direct communication between all the areas involved; an immediate exchange of information between the laboratory that performs the diagnosis and the assistance in the prenatal care. However, the major challenges are to seek and insert all pregnant women for early prenatal care in order to promote the monitoring of those who are HIV positive.