

HIV-EXPOSED INFANTS 2023

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INFANT HIV PROPHYLAXIS⁺

All infants should be started on dual prophylaxis (AZT and NVP), until mother's delivery VL is available. A full 6 weeks of dual prophylaxis (AZT and NVP) should be supplied. Ask mother to return with all medication at the 6-day post-natal visit and continue correct prophylaxis

RISK	MOTHER SCENARIO	INFANT TREATMENT	
		NVP	AZT
LOW RISK INFANT (BREASTFED [*] OR EFF [#])	Mother VL < 50 copies/mL at delivery	6 weeks	Stop AZT
HIGHER RISK INFANT AND BREASTFED [*]	<ul style="list-style-type: none"> Mother on ART with HIV VL ≥ 50 copies/mL at delivery HIV-positive mother not on ART at delivery or during breastfeeding Mother diagnosed during breastfeeding with continued breastfeeding or has breastfed in the past week 	NVP (minimum of 12 weeks) Infant NVP only discontinued after confirmation of maternal VL < 50 copies/mL or until 4 weeks after cessation of all breastfeeding	6 weeks
HIGHER RISK INFANT AND EFF [#]	<ul style="list-style-type: none"> Mother not on ART at delivery Mother on ART with HIV VL ≥ 50 copies/mL at delivery Abandoned baby 	6 weeks Provided that <u>avoiding breastfeeding</u> is documented and sustained	6 weeks
UNDEFINED RISK	<ul style="list-style-type: none"> Mother who tests positive after the baby is born and is not breastfeeding or stopped breastfeeding > 1 week ago 	No ARV prophylaxis	
BIRTH PCR POSITIVE	Baby is HIV infected. Stop any NVP and AZT prophylaxis. Initiate ART. Confirm the positive PCR result with a 2nd PCR on a new sample. Start co-trimoxazole prophylaxis (CPT ⁺) at 6 weeks of age		

⁺CPT is only for HIV-infected infants; ^{*}Breastfed infants include exclusively breastfed infants and mixed feeding; [#]Exclusively formula fed

PCR results must be checked within 7 days. If positive, stop prophylaxis, start ART, start CPT, and do confirmatory test

INFANT TESTING

Mom HIV-positive during pregnancy or diagnosed during labour	<ul style="list-style-type: none"> PCR at birth PCR at 10 weeks of age PCR at 6 months of age Rapid test at 18 months of age Age-appropriate test 6 weeks after stopping breastfeeding
Mother who tests HIV-positive during breastfeeding (continued or has breastfed in the past week) Mother has VL ≥ 50 copies/mL after previous suppression on ART	<ul style="list-style-type: none"> PCR immediately PCR at 10 weeks of age PCR at 6 months of age Rapid test at 18 months of age Age-appropriate test 6 weeks after stopping NVP Age-appropriate test 6 weeks after stopping breastfeeding
Unknown status of mother; no continued breastfeeding (includes orphans and abandoned babies)	<ul style="list-style-type: none"> PCR and rapid test (to confirm exposure) immediately: PCR-positive: confirm with second PCR/VL PCR-negative: repeat PCR at 10 weeks old or 4 weeks after stopping NVP PCR at 6 months of age Rapid test at 18 months of age

AGE-APPROPRIATE TESTING IN INFANTS

AGE OF CHILD	HIV SCREENING TEST	HIV CONFIRMATORY TEST	
< 18 months	PCR	PCR	<ul style="list-style-type: none"> Test a symptomatic child at any age Any child under two years old with a positive HIV-PCR or a positive HIV rapid test should have their HIV status confirmed with an HIV-PCR test on a new sample At the clinician's discretion, the HIV-PCR may be replaced by a viral load test, which has the advantage of both confirming the HIV diagnosis and providing a baseline VL for monitoring the child's response to ART Any child who tests HIV-positive should initiate ART according to the Paediatric ART guideline as a matter of urgency Do not wait for the confirmatory result before initiating ART but ensure result is checked
18 months - 2 years	Rapid	PCR	
> 2 years	Rapid	Rapid	



MEDICINES INFORMATION CENTRE

Based on the Guideline for Vertical Transmission Prevention of Communicable Infections. National Department of Health, South Africa. August 2023.

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DOSING OF NVP (10 mg/mL suspension) AND AZT (10 mg/mL solution) FOR VTP

	BIRTH—6 WEEKS		6 WEEKS— 6 MONTHS	6 MONTHS— 9 MONTHS	9 MONTHS— 24 MONTHS
	2.0-2.49 kg	≥ 2.5 kg			
NVP (daily)	1 mL (10 mg) daily	1.5 mL (15 mg) daily	2 mL (20 mg) daily	3 mL (30 mg) daily	4 mL (40 mg) daily
AZT (twice daily)	1 mL (10 mg) twice daily	1.5 mL (15 mg) twice daily	6 mL (60 mg) twice daily	Dose AZT according to treatment doses on ART children's dosing chart	

DOSING OF NVP IN PRETERM INFANTS < 2.0 kg

WEIGHT	FIRST 2 WEEKS AFTER BIRTH	2 WEEKS AFTER BIRTH ONWARDS
500 to < 625 g	0.1 mL (1 mg) daily	0.2 mL (2 mg) daily
625 to < 850 g	0.15 mL (1.5 mg) daily	0.3 mL (3 mg) daily
850 to < 1200 g	0.2 mL (2 mg) daily	0.4 mL (4 mg) daily
1.2 to < 1.5 kg	0.3 mL (3 mg) daily	0.5 mL (5 mg) daily
1.5 to < 2.0 kg	0.35 mL (3.5 mg) daily	0.6 mL (6 mg) daily

If the infant at the time of discharge is severely underweight-for-age (3 SD or 3 z-scores below the mean), give NVP according to weight (i.e. 4 mg/kg/dose daily) until in the normal weight-for-age range

DOSING OF AZT IN PRETERM INFANTS < 2.0 kg

GESTATIONAL AGE AT BIRTH	FIRST 2 WEEKS AFTER BIRTH	2—4 WEEKS AFTER BIRTH	4—6 WEEKS AFTER BIRTH	> 6 WEEKS AFTER BIRTH
30—35 weeks	0.2 mL/kg (2 mg/kg) twice daily	0.3 mL/kg (3 mg/kg) twice daily	0.4 mL/kg (4 mg/kg) twice daily	
< 30 weeks	0.2 mL/kg (2 mg/kg) twice daily		0.3 mL/kg (3 mg/kg) twice daily	0.4 mL/kg (4 mg/kg) twice daily

BREASTFEEDING

- Breastfeeding should be initiated within one hour of delivery
- Any mother that is mixed feeding in the first 6 months should be encouraged to return to exclusive breastfeeding
- Exclusive breastfeeding is recommended for the first 6 months of life
- Mixed feeding is not a reason to stop breastfeeding
- Introduction of age-appropriate solids from 6 months onwards
- Continue breastfeeding until 2 years of age or older
- Ensure mother is on ART, adherent and VL is suppressed
- It is recommended that women with a VL ≥ 50 c/mL on TLD1 continue to breastfeed. Infant prophylaxis should be extended/restarted while a concerted effort is made to re-suppress the mother's VL
- Stopping breastfeeding should be done **slowly**, over a month. Infants who have been receiving ART prophylaxis should continue prophylaxis for four weeks after all breastfeeding has stopped
- Breastfeeding should be avoided in mothers who are failing TLD2 or third-line ART (VL ≥ 1000 c/mL). Discuss with an expert

WHAT DOES EXCLUSIVE BREASTFEEDING MEAN?

For the first six months of life, the baby only gets mother's milk and medication. This means no water, formula, other foods or fluids



NEED HELP?

Contact the TOLL-FREE National HIV & TB Health Care Worker Hotline

0800 212 506 / 021 406 6782

Alternatively "WhatsApp" or send an SMS or "Please Call Me" to 071 840 1572

www.mic.uct.ac.za

