

Newborn Critical Care Center (NCCC) Clinical Guidelines

Guideline for Infants Exposed to HIV (Shared NCCC/NBN Perinatal HIV Guideline)

LAB WORK

- Obtain baseline CBC with differential
- Obtain **Quantitative HIV RNA PCR**:
Qualitative HIV RNA PCR or HIV DNA PCR are acceptable tests to obtain, but UNCH has switched to the quantitative assay due to decreased blood volume needed
- Send one, full (1.8mL) purple top tube (this tube includes CBC and HIV assay)
- **Do NOT** order HIV Antigen / Antibody Combo

** All blood testing may be ordered with Newborn Metabolic Screen at 24 hours of life

ANTIRETROVIRAL PROPHYLAXIS

ALL HIV-EXPOSED INFANTS	
Zidovudine (ZDV) initiated as soon as possible after delivery (optimum if first dose within first 6 hours of life) & continued for 6 weeks	
>= 35 weeks GA	4 mg/kg/dose PO Q12 hours or 3 mg/kg/dose IV Q12 hours
>=30 to <35 weeks GA	<ul style="list-style-type: none"> • 2 mg/kg/dose PO (or 1.5 mg/kg/dose IV) Q12 hours • DOL 15 - advance to 3 mg/kg/dose PO (or 2.3 mg/kg/dose IV) Q12 hours
<30 weeks GA	<ul style="list-style-type: none"> • 2 mg/kg/dose PO (or 1.5 mg/kg/dose IV) Q12 hours • Age 4 weeks - advance to 3 mg/kg/dose PO (or 2.3 mg/kg/dose IV) Q12 hours
HIV-EXPOSED INFANTS OF MOTHERS WHO DID NOT RECEIVE ANTEPARTUM ANTIRETROVIRAL PROPHYLAXIS (and some additional situations*)	
Add Nevirapine (in addition to ZDV) as soon as possible following birth	
Give 3 doses in 1 st week <ul style="list-style-type: none"> ▪ 1st dose within 48 hours of birth (should be started on day 1) ▪ 2nd dose 48 hours after 1st dose ▪ 3rd dose 96 hours after 2nd dose 	
Birth weight 1.5 – 2 kg	8 mg/dose PO
Birth weight > 2 kg	12 mg/dose PO

Adapted from: Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States.

INFANT CARE

* *Contact Dr. Tom Belhorn via direct pager (919-216-9049) to inform him of the patient and discuss the need for any antiretroviral prophylaxis in addition to the standard Zidovudine. If the infant is delivered late in the evening or at night the page can wait until morning, however you may page him at any time if there are questions.*

- Avoid breastfeeding
- Bathe infant within 4 hours of birth if infant stable
- Establish HIV status as early as possible
 - HIV RNA PCR – send in 1st few days (to detect in-utero infection)
 - If negative, repeat at 14-21 days (to detect intrapartum infection)
 - If negative, repeat at 1-2 months and 4-6 months (include recommendations in discharge summary)
 - HIV Ab testing (HIV Antigen / Antibody Combo) can be performed at 18mo for confirmation of negative diagnosis
 - HIV testing after discharge from the NBN / NICU will be done by Dr. Belhorn in the Pediatric HIV Clinic
- The Pediatric HIV Social Worker (telephone 919-962-4491) or Dr. Belhorn will schedule the follow-up appointment in the Pediatric HIV Clinic prior to discharge
- All HIV-exposed infants must have a PCP designated prior to discharge

References:

1. Church, JA. Performance of HIV-1 DNA or HIV-1 RNA Tests for Early Diagnosis of Perinatal HIV-1 Infection During Antiretroviral Prophylaxis. *Pediatrics* 2012;130(Supplement 1): S53-54.
2. Committee on Pediatric AIDS. HIV Testing and Prophylaxis to Prevent Mother-to-Child Transmission in the United States. *Pediatrics* 2008; 122(5): 1127-34.
3. Havens PL and Mofenson LM. Evaluation and Management of the Infant Exposed to HIV-1 in the United States. *Pediatrics* 2009; 123(1): 175-187.
4. Kimberlin, D.W., Brady, M.T., Jackson, M.A., & Long, S.S. (Eds.) (2018). *Red Book 2018-2021 Report of the Committee on Infectious Disease*. Itasca, IL: American Academy of Pediatrics.
5. Nesheim S, Taylor A, Lampe MA, et al. A Framework for Elimination of Perinatal Transmission of HIV in the United States. *Pediatrics* 2012;130(4): 738-744.
6. Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission. Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States. Available at <https://aidsinfo.nih.gov/contentfiles/lvguidelines/perinatalgl.pdf>