

PMTCT FOR INFANTS 2019

First version April 2020

INFANT HIV PROPHYLAXIS AT BIRTH

RISK	MOTHER SCENARIO	INFANT TREATMENT
LOW RISK INFANT (BREASTFED OR EFF)	<ul style="list-style-type: none"> Mother VL < 1000 c/mL at delivery 	NVP at birth and daily for 6 weeks
HIGH RISK INFANT AND BREASTFED	<ul style="list-style-type: none"> Mother not on ART at delivery, or Mother on ART with HIV VL ≥ 1000 copies/mL at delivery, or prior 12 weeks No HIV VL result available at delivery or prior 12 weeks 	AZT for 6 weeks + NVP for a minimum of 12 weeks Infant NVP only discontinued after confirmation of maternal VL < 1 000 copies/mL and/or until 4 weeks after cessation of all breastfeeding
HIGH RISK INFANT AND EFF FROM BIRTH	<ul style="list-style-type: none"> Mother not on ART at delivery, or Mother on ART with HIV VL ≥ 1000 copies/mL at delivery, or prior 12 weeks No HIV VL result available at delivery or prior 12 weeks 	AZT + NVP for 6 weeks Provided that avoiding breastfeeding is documented and sustained

INFANT HIV PROPHYLAXIS AFTER DELIVERY

RISK	MOTHER SCENARIO	INFANT TREATMENT
HIGH RISK INFANT DURING THE BREASTFEEDING PERIOD	<ul style="list-style-type: none"> Mother who tests HIV-positive during breastfeeding with continued breastfeeding or has breastfed in the past week, regardless of infant's age Breastfeeding mother with VL ≥ 1000 after previous suppression on ART 	AZT for 6 weeks + NVP for a minimum of 12 weeks Infant NVP only discontinued after confirmation of maternal VL < 1 000 copies/mL If the mother decides to stop breastfeeding, prophylaxis should be continued for 4 weeks after cessation of all breastfeeding
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

INFANT TESTING

Mom HIV-positive during pregnancy or diagnosed during labour	<ul style="list-style-type: none"> PCR at birth PCR at 10 weeks PCR at 6 months Rapid test at 18 months Age-appropriate test* 6 weeks after stopping breastfeeding 	PCR results must be checked within 7 days. If positive, stop prophylaxis, start ART and do confirmatory test
Mother who tests HIV-positive during breastfeeding (continued or has breastfed in the past week) Mother has VL > 1000 after previous suppression on ART	<ul style="list-style-type: none"> PCR immediately PCR at 10 weeks PCR at 6 months Rapid test at 18 months 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 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 Rapid Test at 18 months 	

*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 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	

DOSING OF NVP (10 mg/ml suspension) FOR PMTCT

REMEMBER TO ADJUST FOR WEIGHT AT EACH VISIT

AGE OF INFANT	WEIGHT	DOSE	VOLUME
Birth to 6 weeks <i>Dosing for premature infants <35 weeks gestational age should be determined using expert guidance</i>	< 2.0 kg	Birth to 2 weeks: 2 mg/kg daily 2 to 6 weeks: 4 mg/kg daily	0.2 ml/kg daily 0.4 ml/kg daily
	2.0 – 2.49 kg	10 mg daily	1 ml daily
	≥ 2.5 kg	15 mg daily	1.5 ml daily
> 6 weeks to 6 months	Any weight	20 mg daily*	2 ml daily
> 6 to 9 months	Any weight	30 mg daily	3 ml daily
> 9 months until 4 weeks after breastfeeding stopped	Any weight	40 mg daily	4 ml daily

* If infant still weighs < 2 kg at 6 weeks of age, continue with dose of 4mg/kg daily (0.4 ml/kg daily) until infant reaches 2 kg

DOSING OF AZT (10 mg/ml syrup) FOR PMTCT

REMEMBER TO ADJUST FOR WEIGHT AT EACH VISIT

AGE OF INFANT	WEIGHT	DOSE	VOLUME
Birth to 6 weeks <i>Dosing for premature infants <35 weeks gestational age should be determined using expert guidance</i>	< 2.0 kg and > 35 weeks gestation	4mg/kg/dose twice daily	0.4ml/kg/dose twice daily
	2.0 – 2.49 kg	10 mg twice daily	1 ml twice daily
	≥ 2.5 kg	15 mg twice daily	1.5 ml twice daily
> 6 weeks (dose according to ART dosing chart for children)	< 3 kg	4 mg/kg/dose twice daily	0.4 ml/kg/dose twice daily
	3.0 – 5.9 kg	60 mg twice daily	6 ml twice daily
	6.0 – 7.9 kg	90 mg twice daily	9 ml twice daily
	8 – 13.9 kg	120 mg twice daily	12 ml twice daily

WHO REQUIRES COTRIMOXAZOLE PREVENTIVE THERAPY?

INFANT STATUS AND AGE	WHEN TO START	WHEN TO STOP
All HIV-exposed infants	Start at 6 weeks of age	Breastfed: stop if PCR-negative 6 weeks after stopping breastfeeding AND infant is clinically HIV-negative Formula-fed: stop if PCR-negative at 10-week test, provided breastfeeding has not occurred within past 6 weeks
HIV-positive infants under 1 year	Start from 4-6 weeks of age or at diagnosis	All HIV-positive infants < 12 months old should remain on cotrimoxazole prophylaxis, irrespective of CD4 % or stage
HIV-positive children 1-5 years old	All children with WHO Stage 2, 3, 4 or CD4 ≤ 25%	Stop once ART-associated immune reconstitution has occurred i.e. CD4 > 25%
HIV-positive children < 5 years old with PJP	Start when PJP treatment is completed	Continue until 5 years of age and stop only when CD4 > 200

DOSING OF COTRIMOXAZOLE (200/40 mg per 5 ml solution) FOR PROPHYLAXIS

WEIGHT OR AGE OF CHILD	DAILY DOSE	SUSPENSION
2.5 – 4.9 kg	100 mg SMX/ 20 mg TMP	2.5 ml daily
5 – 13.9 kg	200 mg SMX/ 40 mg TMP	5 ml daily

BREASTFEEDING

- Breastfeeding should be initiated within one hour of delivery
- Exclusive breastfeeding for first 6 months of life
- If mother is suppressed on ART, 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 ≥ 1000 c/mL on first-line ART 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
- Breastfeeding should be avoided in mothers who are failing second- or third-line ART

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

ART = antiretroviral treatment; AZT = zidovudine; CPT = cotrimoxazole preventive therapy; EFF = exclusively formula fed; HIV = human immunodeficiency virus; NVP = nevirapine; PCR = polymerase chain reaction; PMTCT = prevention of mother to child transmission; RTHB = road to health booklet; Rx = treatment; SMX = sulfamethoxazole; TMP = trimethoprim; VL = viral load;