Summary of Recommendations for Infants Born to Mothers with Known HIV Infection or Infants Born to Mothers in whom HIV Infection has Not Been Ruled Out

This applies to

- Infants born to mothers with Known HIV Infection and/or
- Infants born to mothers with Potential HIV infection based on Rapid HIV Antibody test result and/or
- Infants born to mothers considered at High Risk of HIV infection but with Unknown HIV Status (when Rapid HIV Antibody Test is not available)

1. Oak Tree Clinic personnel (604-875-2212) are available to provide telephone advice regarding any HIV infected pregnant woman and her infant in British Columbia. After 1630 hours and on weekends, contact Children’s and Women’s Hospital (604-875-2161) and ask for the Pediatric Infectious Disease consultant on call.

2. Ensure that maximal confidentiality of the woman’s HIV status is maintained.

3. Universal precautions: Ensure that standard universal precautions are undertaken for blood and body fluid protection. Consult your infection control manual for details. No additional precautions are required.

4. Wash injection site prior to intramuscular injections or blood sampling.

5. Breastfeeding is contraindicated.
   - Infant born to mother with known HIV infection: breastfeeding contraindicated irrespective of maternal antiretroviral therapy and viral load.
   - Infant born to mother in whom HIV infection has not been ruled out: breast milk pumping and avoidance of breast milk infant feeding recommended until HIV negative status confirmation.
   - The families of infants who are born to HIV positive mothers in British Columbia are eligible for free formula for the first year. This program is facilitated by the Oak Tree Clinic (604-875-2212)

6. Offer prevention of perinatal HIV transmission treatment to the infant, whether or not the mother received antiretroviral therapy at delivery.
   a) All Infants: give oral (PO) or intravenous (IV) zidovudine beginning immediately after birth
      - Oral therapy is preferred but IV route may be used if infant is unable to tolerate oral feeds.
Zidovudine (AZT, Retrovir®) dosage:

<table>
<thead>
<tr>
<th>Gestational age</th>
<th>Oral Zidovudine syrup (10 mg/mL)</th>
<th>IV Zidovudine (10 mg/mL) if newborn unable to tolerate oral feeds</th>
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<tbody>
<tr>
<td>35 weeks and greater</td>
<td>4 mg/kg/dose PO q 12h for 6 weeks</td>
<td>3 mg/kg/dose IV q 12h for 6 weeks</td>
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<tr>
<td>30 to 34 weeks</td>
<td>2 mg/kg/dose PO q 12h for 2 weeks then 3 mg/kg/dose PO q 12h for 4 weeks</td>
<td>1.5 mg/kg/dose IV q 12h for 2 weeks then 2.3 mg/kg/dose IV q 12h for 4 weeks</td>
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<tr>
<td>29 weeks and less</td>
<td>2 mg/kg/dose orally q 12h for 4 weeks then 3 mg/kg/dose PO q 12h for 2 weeks</td>
<td>1.5 mg/kg/dose IV q 12h for 4 weeks then 2.3 mg/kg/dose IV q 12h for 2 weeks</td>
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b) Combination antiretroviral therapy with nevirapine and lamivudine (in addition to zidovudine) is given to infants born to mothers: who were not on optimal antiretroviral therapy (e.g., received no antenatal antiretroviral therapy) or with a recent HIV viral load (measured within last 4 weeks) or projected HIV viral load greater than 1000 copies/mL.

Note: For infants born to mothers considered at high risk of HIV infection but with unknown HIV status and when the rapid HIV antibody test is not available: may still consider prophylaxis with only single agent zidovudine.

Nevirapine dosage (there is no IV formulation available):
- Infant > 2000 g: 12 mg PO for a total of 3 doses. First dose given immediately after birth (day 0), second dose given at 2 days of age, third dose given at 6 days of age.
- Infant ≤ 2000 g: 8 mg PO for a total of 3 doses. First dose given immediately after birth (day 0), second dose given at 2 days of age, third dose given at 6 days of age.

Lamivudine (3TC®) dosage (there is no IV formulation available):
- Infant > 2000 g: 6 mg PO every 12 hours for 2 weeks.
- Infant ≤ 2000 g: 4 mg PO every 12 hours for 2 weeks.

6. For infants born to mothers considered at high risk of HIV infection but with unknown HIV status (when the rapid HIV antibody test is not available):
   - If any HIV test (HIV EIA or HIV PCR) drawn is positive in mother or infant: Refer to Oak Tree Clinic (604-875-2212).
   - If all HIV tests (HIV EIA and HIV PCR) drawn are negative in mother and infant: may discontinue all antiretroviral drug therapy

7. Labs to be ordered within 48 hours after birth:
   - CBC, differential, creatinine, urea, AST, ALT, bilirubin
   - Infants born to mothers with known HIV infection or potential HIV infection based on rapid HIV antibody testing:
     - Infant diagnostic HIV PCR
       - Use PHSAs Lab Serology Screening Requisition. Request ‘Infant Diagnostic HIV PCR’ under Other Tests
       - Send blood (minimum 2 mL in EDTA tube) and requisition to PHSAs laboratories at the BC CDC
     - Infants born to mothers with unknown HIV status (where rapid HIV antibody testing is not available):
       - HIV EIA (antibody) - This is priority test over HIV PCR if difficult to obtain blood sample from infant
         - Use PHSAs Lab Serology Screening requisition.
         - Send blood (minimum 2 mL in gold top tube) and requisition to PHSAs laboratories at the BC CDC
8. Check maternal hepatitis B status. If mother is Hepatitis B surface antigen positive (HBSAg+) or has unknown status, administer first dose of Hepatitis B vaccine and Hepatitis B Immune Globulin within 12 hours after birth.

9. Ensure that the remainder of the zidovudine bottle is supplied to the parent/guardian on discharge to treat the infant for the entire 6-week course. If nevirapine and lamivudine (3TC®) are required for the infant, ensure that adequate medication supply is provided to the parent/guardian on discharge from hospital to complete the treatment course.

10. All infants born to HIV positive women should be referred for follow-up assessment and care to the Oak Tree Clinic 604-875-2212, with initial visits at 2, 4, and 8 weeks post delivery. If there are any questions or concerns after 1630 hours on weekdays or on weekends, call the BC Children’s Hospital Pediatric Infectious Disease consultant on call (604-875-2161).