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
- **Do NOT** order HIV Antigen / Antibody Combo

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

ANTIRETROVIRAL PROPHYLAXIS

<table>
<thead>
<tr>
<th>ALL HIV-EXPOSED INFANTS</th>
<th>Zidovudine (ZDV) initiated as soon as possible after delivery (optimum if first dose within first 6 hours of life) &amp; continued for 6 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;= 35 weeks GA</td>
<td>4 mg/kg/dose PO Q12 hours or 3 mg/kg/dose IV Q12 hours</td>
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<tr>
<td>&gt;=30 to &lt;35 weeks GA</td>
<td>• 2 mg/kg/dose PO (or 1.5 mg/kg/dose IV) Q12 hours&lt;br&gt;• DOL 15 - advance to 3 mg/kg/dose PO (or 2.3 mg/kg/dose IV) Q12 hours</td>
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<tr>
<td>&lt;30 weeks GA</td>
<td>• 2 mg/kg/dose PO (or 1.5 mg/kg/dose IV) Q12 hours&lt;br&gt;• Age 4 weeks - advance to 3 mg/kg/dose PO (or 2.3 mg/kg/dose IV) Q12 hours</td>
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</tbody>
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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 1st week
- 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

<table>
<thead>
<tr>
<th>Birth weight 1.5 – 2 kg</th>
<th>8 mg/dose PO</th>
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<tbody>
<tr>
<td>Birth weight &gt; 2 kg</td>
<td>12 mg/dose PO</td>
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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
  - 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

  - Schedule follow-up appointment in Pediatric HIV Clinic (Pediatric HIV Social Worker to schedule appointment, telephone (919-962-4491)

  - All HIV-exposed infants must have a PCP designated prior to discharge

References:

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.


*Revised - March 2017 Croop / Aliaga (TB, JH, PW, CS, JH)*

(Pediatric ID, Neonatology and Newborn Nursery providers)