

Management of Infants Born to Mothers with HIV Infection

- Counsel woman to avoid breast feeding.
- CBC at birth prior to administration of ZDV to infant, with follow-up at 4 and 6 weeks.
(More intensive monitoring of hematologic values and serum chemistries during the first few weeks of life is appropriate for infants whose mothers have received combination antiretroviral therapy during pregnancy.)
- ZDV to begin within 8-12 hours after birth and continue for 6 wks.

Term Infants: ZDV syrup 2mg/kg/dose PO q 6 hrs **-OR-**
1.5mg/kg/dose IV q 6 hrs

Preterm: Doses vary. Contact specialist.

(No long-term adverse effects of perinatal ZDV exposure are known.
Research is ongoing. Anemia is primary short-term concern.)

- HIV DNA PCR within 48 hours after birth (**not cord blood**).
(Positive HIV IgG test is not reliable in children <18 months of age, therefore Western blot/ELISA tests are not recommended for neonates.)

Positive DNA PCR: Repeat as soon as possible.
-- HIV is diagnosed by 2 positive HIV DNA PCR tests at 2 time points.
-- If positive, consult pediatric HIV specialist to consider additional antiretroviral therapies.

Negative DNA PCR: Repeat PCR at 14 days, and 6 weeks, 4 months and 6 months of age.
-- HIV can be reasonably excluded with 2 or more negative PCR tests, if one is performed >1 month and another >4 months.
-- Consider Western blot / ELISA after 18 months of age for final confirmation.

- TMP/SMX for PCP prophylaxis to be started at 6 weeks (when ZDV stopped).

All exposed infants: TMP/SMX usual dose 2cc q 12 hours on 3 consecutive days each week
CBC with differential and platelet count at baseline and monthly while on TMP/SMX.

May be discontinued when infant proven uninfected.

Additional Considerations for Follow-up:

- HIV exposed infants should receive all standard immunizations.
 - Inactivated polio vaccine should be given instead of oral polio vaccine.
 - Inactivated polio vaccine should be continued if the child resides with HIV-infected individuals, even if the child is ultimately uninfected.
- All HIV-infected infants and children should be referred to an HIV specialist for follow-up care.
 - Refer to home care and/or HIV supportive services to help ensure appropriate care and follow-up (see Louisiana Office of Public Health HIV/AIDS Program).

To obtain the most current recommendations, visit
HIV/AIDS Treatment Information Services
www.aidsinfo.nih.gov

HIV Telephone Consultation Service
Louisiana (504) 903-0788
National (800) 933-3413

**LOUISIANA HEALTH INSURANCE CONTINUATION PROGRAM (HICP)
CO-PAYMENT AND DEDUCTIBLE ASSISTANCE PROGRAM (CDAP)
HIV/AIDS MEDICAL AND SUPPORT SERVICES**

Statewide programs to help patients access medications and obtain assistance
with transportation, co-payments, housing, food and insurance.

Louisiana Office of Public Health – HIV/AIDS Program
(504) 568-7474

Louisiana Office of Public Health - HIV/AIDS Program
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