

PMTCT: TESTING AND TREATMENT OF INFANTS 2015

MOTHER'S STATUS	INFANT TESTING	INFANT TREATMENT
Mother on lifelong ART > 4 weeks before delivery	<ul style="list-style-type: none"> • PCR at birth • PCR at 10 weeks • PCR or Rapid Test* 6 weeks after stopping breastfeeding • Rapid Test at 18 months old 	NVP at birth and daily for 6 weeks, irrespective of feeding practice
Mother diagnosed HIV-positive within 72 hours post-delivery	<ul style="list-style-type: none"> • PCR at birth/immediately • PCR at 10 weeks • PCR at 18 weeks • PCR or Rapid Test* 6 weeks after stopping breastfeeding • Rapid Test at 18 months old 	If breastfeeding: NVP immediately and daily for 12 weeks. This is to cover the 12 weeks needed for maternal viral suppression If not breastfeeding: NVP for 6 weeks
Mother started ART < 4 weeks pre-delivery		
Mother's latest VL > 1000 (before birth) Refer mother for adherence counselling, investigation etc.	<ul style="list-style-type: none"> • PCR at birth • PCR at 10 weeks • PCR or Rapid Test* 6 weeks after stopping breastfeeding • Rapid Test at 18 months old 	NVP + AZT for 6 weeks If mother's VL remains > 1000, discuss with expert before stopping prophylaxis at 6 weeks Infants of mothers on 2nd or 3rd line regimens and VL > 1000 should not be breastfed
Unknown status of mother; no continued breastfeeding (includes orphans and abandoned babies < 18 months old)	<ul style="list-style-type: none"> • Rapid HIV test immediately: • If Rapid Test +ve, do PCR: <ul style="list-style-type: none"> – PCR +ve: initiate ART – PCR -ve: repeat PCR at 10 weeks • Rapid Test at 18 months old 	Give NVP immediately, unless rapid test result can be obtained within 2 hours If Rapid Test +ve: continue NVP for 6 weeks If Rapid Test -ve: stop NVP
Mother tests HIV-positive while breastfeeding (or has breastfed in the past week) Start mom on ART immediately	<ul style="list-style-type: none"> • PCR immediately. Result in 7 days • PCR 4 weeks after stopping NVP • PCR or Rapid Test* 6 weeks after stopping breastfeeding • Rapid Test at 18 months old 	NVP + AZT immediately, until PCR result available (preferably within 7 days): If PCR -ve, stop AZT & continue NVP for 12 weeks If PCR +ve, start ART
Mother tests HIV-positive post-partum, but not breastfeeding Start mom on ART, if within one year of delivery (i.e. baby is < 12 months old)	<ul style="list-style-type: none"> • PCR immediately • Infant < 10 weeks old: PCR at 10 weeks; Infant > 10 weeks old: PCR 4 weeks later • PCR or Rapid Test* 6 weeks after last breastfed • Rapid Test at 18 months old 	If > 72 hours after delivery, no NVP If PCR +ve, start ART

*PCR, if baby is < 18 months old. Rapid Test if baby is > 18 months old

- HIV-exposed infants must receive ARV prophylaxis IMMEDIATELY after birth
- If the infant tests HIV-positive at any stage, refer IMMEDIATELY for ART (triple therapy)

DO HIV TEST ON INFANTS AND CHILDREN (AT ANY TIME) WHO MEET THESE CRITERIA

Family and social history

- Parental request to test the child
- Father or sibling with HIV infection
- Death of mother, father or sibling
- When the mother's HIV status is unknown, her whereabouts are unknown, or she is unavailable to be tested

All infants/children with

- Clinical features suggestive of HIV infection
- Acute, severe illness
- IMCI classification of *Suspected symptomatic HIV infection*
- IMCI classification of *Possible HIV infection*
- TB diagnosis or history of TB treatment
- Risk of sexual assault
- Wet-nursed or breastfed by a woman with unknown or HIV-positive status
- Children considered for fostering or adoption

Infant < 18 months old: PCR
Infant > 18 months old: Rapid Test

BREASTFEEDING ADVICE

- All breastfeeding, HIV-positive women should be on ART, regardless of CD4 count
- Initiate breastfeeding immediately after delivery, preferably within one hour
- Intensive counselling should be given on the benefits of exclusive feeding, the dangers of mixed feeding and the importance of adherence to ART
- Exclusive breastfeeding for the first six months
- Complementary (mixed) feeding from 6 months onwards only
- Encourage breastfeeding:
 - If infant HIV-negative: breastfeed until 12 months old
 - If infant HIV-positive: breastfeed until at least 2 yrs old
- Mothers with confirmed second or third line ART failure should NOT breastfeed unless exclusive formula feeding will be unsafe for that infant e.g. no facilities to sterilise bottles. These women should be managed at a tertiary referral site

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.

Based on the National Consolidated Guidelines for the Prevention of Mother-to-Child Transmission of HIV (PMTCT) and the Management of HIV in Children, Adolescents and Adults. National Department of Health, South Africa. April 2015.

NEVIRAPINE AND AZT FOR PMTCT: DOSING

Age of Infant	Weight	Dose	Volume
Nevirapine suspension (10 mg/ml) for PMTCT			
Birth to 6 weeks	< 2.0 kg	Birth to 2 weeks: 2 mg/kg daily	0.2 ml/kg daily
		2 to 6 weeks: 4 mg/kg daily	0.4 ml/kg daily
	2.0 – 2.5 kg	Birth to 6 weeks: 10 mg daily	1 ml daily
	> 2.5 kg	Birth to 6 weeks: 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	Any weight	40 mg daily	4 ml daily
AZT syrup (10 mg/ml) for PMTCT			
Birth to 6 weeks#	< 2.0 kg	Consult an expert or phone the hotline	
	2.0 – 2.5 kg	10 mg twice daily	1 ml twice daily
	> 2.5 kg	15 mg twice daily	1.5 ml twice daily

*Consider nevirapine dose of 4mg/kg if in-patient and < 2kg at 6–12 weeks. Also consider weight-based dosing if severely underweight for age at discharge

#If using AZT while waiting for HIV test result (one week) in children > 6 weeks, use weight-based dosing on Paediatric Treatment Dosing Chart

NEED HELP?

Contact the TOLL-FREE National HIV & TB Health Care Worker Hotline

0800 212 506 / 021 - 406 6782

Alternatively send an SMS or "Please Call Me" to 071 840 1572

www.mic.uct.ac.za

WHO GETS COTRIMOXAZOLE AND WHEN TO STOP

Infant Status and Age	When to Start	When to Stop
All HIV-exposed infants	Start from 4 – 6 weeks after birth	Stop when PCR -ve \geq 6 weeks after full weaning AND infant is clinically HIV-negative. If on formula, check that exclusive formula feeding will continue
HIV-positive infants < 12 months old	Start from 4 – 6 weeks after birth or at diagnosis	All HIV-positive infants < 12 months old should remain on cotrimoxazole prophylaxis
HIV-positive children 1 – 5 years old (with or without ART)	All symptomatic children (WHO stage 2, 3, 4) or CD4% < 25% or CD4 < 500	Stop once ART-associated immune reconstitution has occurred for \geq 6 months i.e. CD4% \geq 25% or CD4 \geq 500 on \geq two occasions, 3 – 6 months apart
HIV-positive children \geq 5 years old (with or without ART)	Start if CD4 < 350 or WHO stage 3 or 4 (including TB)	Stop once ART-associated immune reconstitution has occurred for \geq 6 months i.e. CD4 \geq 350 on \geq two occasions, 3 – 6 months apart
Any HIV-positive children at high risk for bacterial infection or malaria	Start, even if there has been ART immune reconstitution	Continue until risk has been eliminated, and all CD4% and CD4 criteria listed above are met
HIV-positive children with TB	Start, even if there has been ART immune reconstitution	Continue until risk has been eliminated, and all CD4% and CD4 criteria listed above are met
HIV-positive children with previous PCP infection	Start as soon as PCP episode has been treated	Stop at age 5 if CD4 criteria above have been met

COTRIMOXAZOLE PCP PROPHYLAXIS IN INFANT: DOSING

Weight or Age of Child*	Daily Dose	Suspension		Single Strength tabs		Double Strength tabs	
		200mg SMX + 40mg TMP/5 ml	OR	400 mg SMX + 80 mg TMP	OR	800 mg SMX + 160 mg TMP	
< 5.0 kg or < 6 months #	100 mg SMX/ 20 mg TMP	2.5 ml		¼ tablet			
5 – 15 kg or 6 months – 5 years	200 mg SMX/ 40 mg TMP	5 ml		½ tablet			
15 – 30 kg or 6 – 14 years	400 mg SMX/ 80 mg TMP	10 ml		1 SS tablet		½ DS tablet	
> 30kg or > 14 years	800 mg SMX/ 160 mg TMP			2 SS tablets		1 DS tablet	

*Dosing can be done using either weight or age, but should be done consistently with one or the other. #If infant < 3kg, consult specialist



MEDICINES
INFORMATION
CENTRE



This service is brought to you as a result of the generous support of the American people through USAID/PEPFAR. The contents are the responsibility of UCT and do not necessarily reflect the views of USAID or the US Government