Children's Memorial Hospital
Division of Infectious Diseases
2300 Children's Plaza, Box #20, Chicago, Illinois 60614-3394
773.880.4187 Fax 773.880.8226
www.childrensmemorial.org

Children's Memorial Hospital
Special Infectious Disease Clinic
GUIDELINES FOR CARE FOR
INFANTS WITH PERINATAL EXPOSURE TO HIV

AT LOW RISK FOR INFECTION

Infants at LOW RISK for HIV infection are defined as: infants born ≥36 weeks gestation to mothers on ART during pregnancy with an HIV RNA <1000 copies/ml within two weeks of or at the time of delivery.

Zidovudine (ZDV)
ZDV dose for low risk infants is 4 mg/kg Q 12 hours or 2 mg/kg IV Q 8 hours.
Low risk infants should be given ZDV prophylaxis from birth through 4 weeks of age.

PCP prophylaxis
PCP prophylaxis is no longer recommended for infants at low risk for infection provided that the infant has a negative DNA PCR at ≥2 weeks of age AND at 6 weeks of age.

HIV testing
Infants at low risk for HIV infection should have the following tests done:
CBC at birth (consider Hep B sAg, Hep C Ab, RPR based on maternal history)
A DNA PCR is no longer required at birth for low risk infants.
HIV DNA PCR at ≥2 weeks of age.
HIV DNA PCR at ≥6 weeks of age.
HIV DNA PCR, CBC at ≥4 months of age.
HIV ELISA/Western Blot at 12 months of age (repeat every 6 months until negative).

Effective: 10/09
Approved: 10/09
Revised: 10/11

Dr. Ram Yogev
Director
Section of Pediatric and Maternal
HIV Infection

Dr. Ellen Chadwick
Co-Director
Section of Pediatric and Maternal
HIV Infection

Children's Memorial Foundation

Children's Memorial
Research Center

Pediatric Faculty
Foundation

Affiliated with
Northwestern University's
Feinberg School of Medicine

Division of Infectious Disease
Office: 773-880-4187
Fax: 773-880-8226

Stanford T. Shulman, M.D.
Division Head
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
sshulman@northwestern.edu

Ram Yogev, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
ryogev@childrensmemorial.org

Anne H. Rowley, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
a-rowley@northwestern.edu

Ellen G. Chadwick, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
echadwick@northwestern.edu

Ben Z. Katz, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
bkatz@northwestern.edu

Tina Q. Tan, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
ttan@northwestern.edu

Evan J. Anderson, M.D.
Assistant Professor of
Pediatrics and Medicine
Northwestern University's
Feinberg School of Medicine
e-anderson3@northwestern.edu

William J. Muller, M.D., Ph.D.
Assistant Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
wjmuller@northwestern.edu

Julie K. Stamos, M.D.
Assistant Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
j-stamos@northwestern.edu

Claudia S. Crowell, M.D.
Pediatric Infectious Disease Fellow
ccrowell@childrensmemorial.org

Rebecca Reindel, M.D.
Pediatric Infectious Diseases Fellow
rreindel@childrensmemorial.org

Lary Kociolek, M.D.
Pediatric Infectious Diseases Fellow
lkociolek@childrensmemorial.org

Children's Memorial Hospital
Division of Infectious Diseases
2300 Children's Plaza, Box #20, Chicago, Illinois 60614-3394
773.880.4187 Fax 773.880.8226
www.childrensmemorial.org

Children's Memorial Hospital

Children's Memorial Foundation

Children's Memorial Research Center

Pediatric Faculty Foundation

Children's Memorial Hospital
Special Infectious Disease Clinic
GUIDELINES FOR CARE FOR
INFANTS WITH PERINATAL EXPOSURE TO HIV

AT INCREASED RISK FOR INFECTION

INCREASED RISK for HIV infection is defined as at least one of the following:

1) Infants born <36 weeks gestation
2) Infants born to women whose HIV Viral Load is >1000 copies/ml at delivery.
3) Infants born to women who did not receive antepartum antiretroviral therapy
4) Infants born to women diagnosed with HIV in labor or postpartum

Zidovudine (ZDV)

ZDV dose for full term, increased risk infants is 4 mg/kg PO Q 12 hours
Increased risk infants should be given ZDV prophylaxis from birth through 6 weeks of age.
Special dosing considerations for premature, increased risk infants are listed below:

AGE	ORAL Dose	IV Dose (as needed for NPO neonate)
<30 weeks	2 mg/kg Q 12 hours from birth until 4 weeks of age; then increase to 3 mg/kg Q 12 hours until 6 weeks of age	1.5 mg/kg Q 12 hours from birth until 4 weeks of age; then increase to 1.5 mg/kg IV Q 8 hours until 6 weeks of age
≥30-<35 weeks	2 mg/kg Q 12 hours from birth until 2 weeks of age; then increase to 3 mg/kg Q 12 hours until 6 weeks of age	1.5 mg/kg Q 12 hours from birth until 2 weeks of age; then increase to 1.5 mg/kg Q 8 hours until 6 weeks of age
≥35 weeks	4 mg/kg Q 12 hours from birth until 4-6 weeks of age*	2 mg/kg Q 8 hours from birth until 4-6 weeks of age*

*Infants ≥ 36 weeks without other risk factors above may be treated for 4 weeks.

Additional Antiretroviral Therapy (ART): infants at high risk of infection (as listed above) should be treated with nevirapine in addition to ZDV.

Nevirapine dose: Patients 1.5 – 2 kg receive 8 mg and patients >2 kg receive 12 mg PO per dose for 3 doses. First dose is given to the infant as soon as possible after birth and second dose to be given 48 hours after first dose and third dose is given 96 hours after second dose.

When nevirapine is given to the infant, 3TC (Epivir) prophylaxis should be added to the regimen to decrease the risk of resistance to nevirapine.

Affiliated with Northwestern University's Feinberg School of Medicine

Division of Infectious Disease
Office: 773-880-4187
Fax: 773-880-8226

Stanford T. Shulman, M.D.
Division Head
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
sshulman@northwestern.edu

Ram Yogev, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
ryogev@childrensmemorial.org

Anne H. Rowley, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
a-rowley@northwestern.edu

Ellen G. Chadwick, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
echadwick@northwestern.edu

Ben Z. Katz, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
bkatz@northwestern.edu

Tina Q. Tan, M.D.
Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
ttan@northwestern.edu

Evan J. Anderson, M.D.
Assistant Professor of
Pediatrics and Medicine
Northwestern University's
Feinberg School of Medicine
e-anderson3@northwestern.edu

William J. Muller, M.D., Ph.D.
Assistant Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
wjmuller@northwestern.edu

Julie K. Stamos, M.D.
Assistant Professor of Pediatrics
Northwestern University's
Feinberg School of Medicine
j-stamos@northwestern.edu

Claudia S. Crowell, M.D.
Pediatric Infectious Disease Fellow
ccrowell@childrensmemorial.org

Rebecca Reindel, M.D.
Pediatric Infectious Diseases Fellow
rreindel@childrensmemorial.org

Lary Kociolek, M.D.
Pediatric Infectious Diseases Fellow
lkociolek@childrensmemorial.org

Children's Memorial Hospital
Division of Infectious Diseases
2300 Children's Plaza, Box #20, Chicago, Illinois 60614-3394
773.880.4187 Fax 773.880.8226
www.childrensmemorial.org

3TC dose: 2 mg/kg PO q 12 hours for 2 weeks.

There is no intravenous formulation of nevirapine or 3TC, therefore infants who are NPO may not be candidates for additional ART.

We encourage discussion with the Infectious Diseases Division at Children's Memorial Hospital with any questions regarding treatment of high-risk infants.

PCP prophylaxis

PCP prophylaxis is no longer recommended for infants at increased risk for infection provided that the infant has a negative DNA PCR at ≥2 weeks of age AND at 6 weeks of age.

PCP prophylaxis is recommended for any infant with a positive DNA PCR, starting at 6 weeks of age. The PCP prophylaxis drug of choice is Bactrim 75 mg (of Trimethoprim)/m2/dose PO BID for 3 days/week. Atovaquone is the alternate drug of choice for PCP prophylaxis for infants and children with Bactrim allergy.

HIV testing

Infants at increased risk for HIV infection should have the following tests done:
CBC at birth (consider Hep B sAg, Hep C Ab, RPR based on maternal history)
HIV DNA PCR is no longer recommended at birth.
Obtain a urine for CMV isolation before 3 weeks of age.
HIV DNA PCR at ≥2 weeks of age.
HIV DNA PCR at ≥6 weeks of age.
HIV DNA PCR, CBC at ≥4 months of age.
HIV ELISA/Western Blot at 12 months of age (repeat every 6 months until negative).

Effective: 12/10
Approved: 12/10
Revised: 10/11

Dr. Ram Yogev
Director
Section of Pediatric and Maternal
HIV Infection

Dr. Ellen Chadwick
Co-Director
Section of Pediatric and Maternal
HIV Infection