



# Perinatally HIV-exposed infants worksheet

**Mission Statement:** The use of maternal highly active antiretroviral therapy during pregnancy, maternal IV zidovudine during labor, and zidovudine therapy to the neonate until 6 weeks of age has been shown to decrease the risk of HIV transmission from mother to child from ~25% to 1-2%.



- Please contact Stephanie Fahner, RN at **317-274-7260** to initiate a referral to the Ryan White Center for Pediatric Infectious Disease at Riley Hospital for perinatally HIV-exposed infants soon after birth.
- Infant should be seen in our clinic at 2 weeks of age if possible or no later than 4 weeks of age.
- Please FAX infant's medical records including pregnancy, birth history, and laboratories to **317-278-0860**

## I. Follow-up HIV testing as recommended by the Centers for Disease Control and Prevention:

- **At birth:** CBC with diff and platelets  
HIV-1 DNA PCR  
**NOTE:** (to be obtained in the nursery of local hospital by referring physician)
- **At 2 weeks of age:** HIV-1 RNA  
Ultrasensitive Quantitative PCR
- **At 4 weeks of age:** HIV-1 RNA  
Ultrasensitive Quantitative PCR
- **At 4 months of age:** HIV-1 RNA Ultrasensitive Quantitative PCR  
**NOTE:** (will be obtained at Riley hospital in conjunction with medical visit)
- **At 18 months of age:** HIV ELISA to document loss of maternal antibody (seroreversion)  
**NOTE:** (this test can be obtained locally to obviate the need for travel to Indianapolis)

If the infant is seen at 2 weeks of age at Riley, we will obtain the PCR at that time and give the parent a script for the 4 week lab to be done with results faxed to us. **IF** the infant is not being seen until 4 weeks of age, the referring physician should order the 2 week PCR locally.

### Test Interpretation:

**Infant with NEGATIVE HIV-1 DNA-PCR at birth** indicates infant infection was not detected at the time of the test. This test is more indicative of in utero infection and **does not** rule out infection that is acquired at the time of delivery.

**Infant with POSITIVE HIV-1 DNA-PCR at birth is presumed to be infected but needs repeat testing for confirmation. In this situation, please call (800) 622-4989 and ask to speak to the Pediatric Infectious Disease staff physician on call for guidance.**

**NOTE:** Based on CDC guidelines, **if** the PCR at 2 weeks **and** 4 weeks are both negative, the chance of HIV infection is low enough (<5%) to eliminate the need for prophylactic trimethoprim/sulfamethoxazole. HIV infection can only be **definitively** excluded if an infant's HIV RNA PCR is negative at 4 weeks **and** 4 months of age.

## II. Antiretroviral medications:

- All HIV-exposed infants **must** start on Zidovudine (AZT) within **6-12 hours of birth**.
  - **IF** mother is known to have AZT resistance or other HIV drug resistance mutations, please contact us for additional antiretroviral drug recommendations.
  - Zidovudine suspension (10mg/1ml) should be dosed at 4 mg/kg per dose orally (or 1.5mg/kg per dose given IV) every six hours for **6 weeks** for term neonates (≥35 weeks gestation).
- For neonates <35 weeks but >30 weeks, 4 mg/kg per dose given orally every 12 hours (or 1.5mg/kg per dose given IV) advanced to every 8 hours at 2 weeks of age.
- For neonates <30 weeks, 4 mg/kg per dose given orally every 12 hours (or 1.5mg/kg per dose given IV), advanced to every 8 hours at 4 weeks of age.