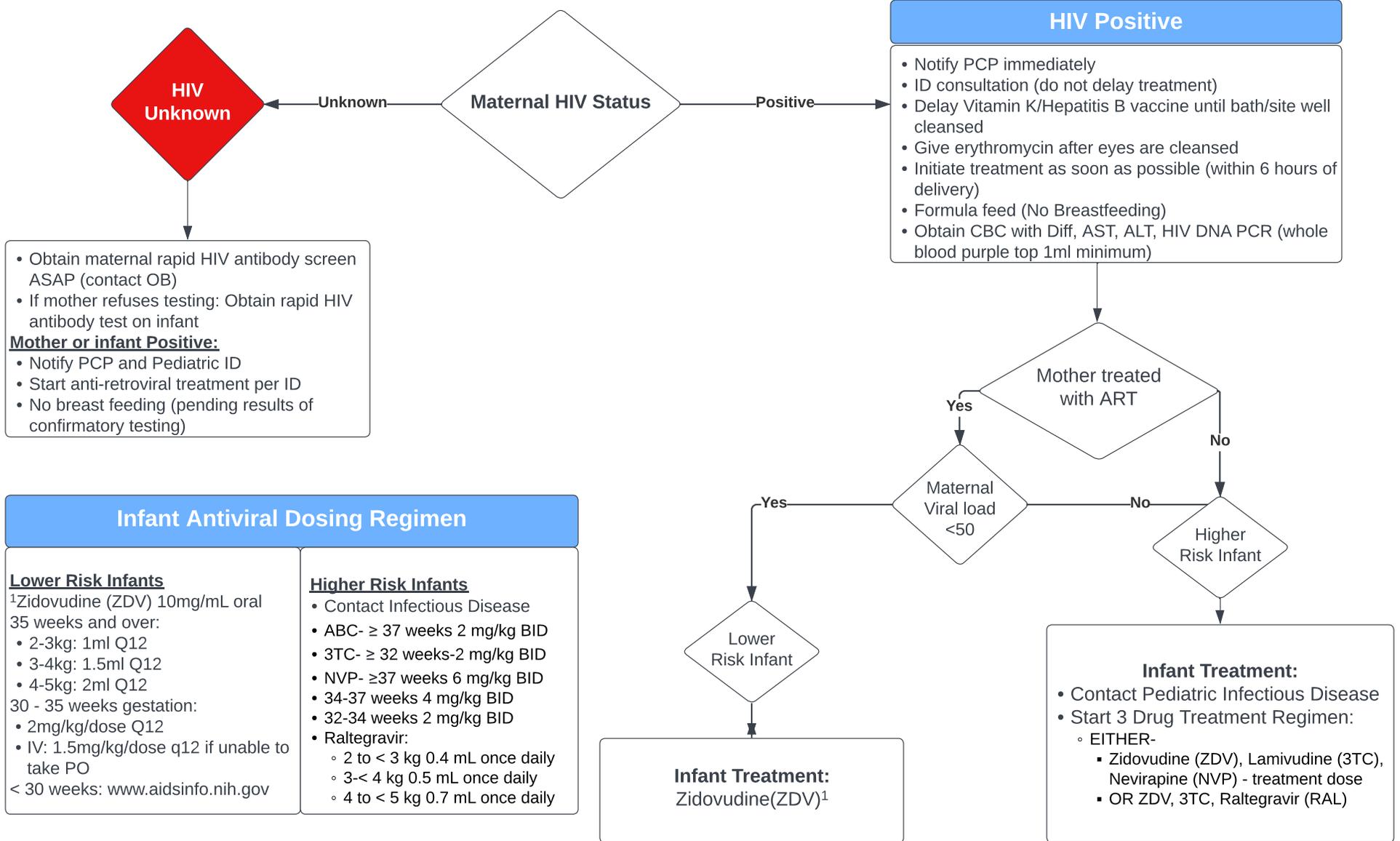


# Neonatal HIV Exposure Clinical Guideline

This guideline is intended to ensure appropriate and timely management of newborns at risk for HIV infection, following current recommendations from AAP, CDC, ACOG and NIH at the time of publication. Please refer to the link below for the most up to date treatment options. For questions, please contact Pediatric Infectious Disease



Infant Antiviral Dosing Regimen	
<p><b>Lower Risk Infants</b></p> <p><sup>1</sup>Zidovudine (ZDV) 10mg/mL oral</p> <p>35 weeks and over:</p> <ul style="list-style-type: none"> <li>• 2-3kg: 1ml Q12</li> <li>• 3-4kg: 1.5ml Q12</li> <li>• 4-5kg: 2ml Q12</li> </ul> <p>30 - 35 weeks gestation:</p> <ul style="list-style-type: none"> <li>• 2mg/kg/dose Q12</li> <li>• IV: 1.5mg/kg/dose q12 if unable to take PO</li> </ul> <p>&lt; 30 weeks: <a href="http://www.aidsinfo.nih.gov">www.aidsinfo.nih.gov</a></p>	<p><b>Higher Risk Infants</b></p> <ul style="list-style-type: none"> <li>• Contact Infectious Disease</li> <li>• ABC- ≥ 37 weeks 2 mg/kg BID</li> <li>• 3TC- ≥ 32 weeks-2 mg/kg BID</li> <li>• NVP- ≥37 weeks 6 mg/kg BID</li> <li>• 34-37 weeks 4 mg/kg BID</li> <li>• 32-34 weeks 2 mg/kg BID</li> <li>• Raltegravir:               <ul style="list-style-type: none"> <li>◦ 2 to &lt; 3 kg 0.4 mL once daily</li> <li>◦ 3-&lt; 4 kg 0.5 mL once daily</li> <li>◦ 4 to &lt; 5 kg 0.7 mL once daily</li> </ul> </li> </ul>

Algorithms are not intended to replace providers' clinical judgment or establish a single protocol. Some clinical situations may not be adequately addressed in this guideline. Clinicians should document management variations or plans of care as indicated. Last updated April 2023

References: Recommendations for the Use of Anti-retroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States: <https://clinicalinfo.hiv.gov/en/guidelines/perinatal/antiretroviral-management-newborns-perinatal-hiv-exposure-or-hiv-infection?view=full>