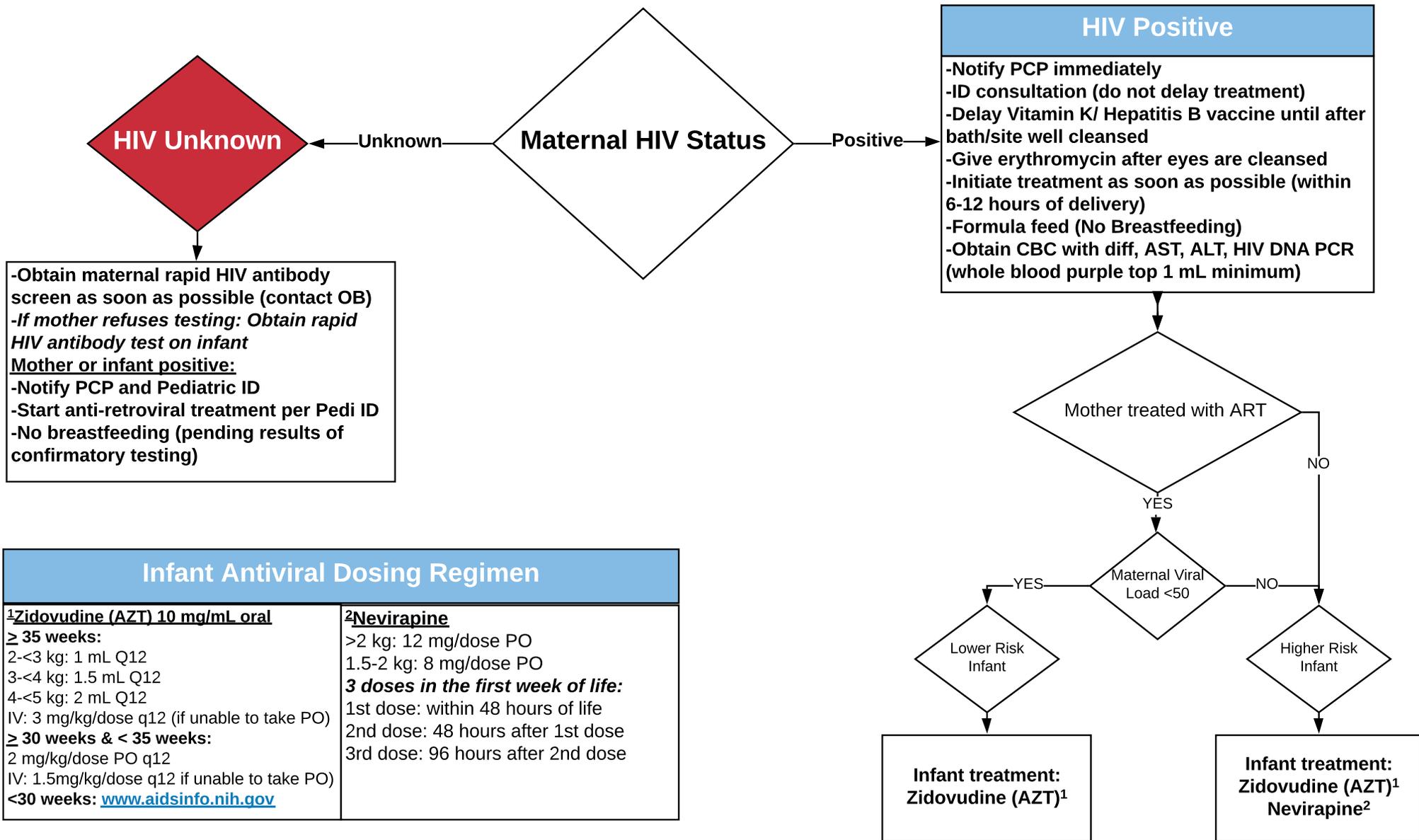


Neonatal HIV Exposure Clinical Guideline

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: www.aidsinfo.nih.gov for the most up to date treatment options. For questions, please call Pediatric Infectious Disease



| Infant Antiviral Dosing Regimen | |
|--|--|
| ¹ Zidovudine (AZT) 10 mg/mL oral ≥ 35 weeks: 2-<3 kg: 1 mL Q12 3-<4 kg: 1.5 mL Q12 4-<5 kg: 2 mL Q12 IV: 3 mg/kg/dose q12 (if unable to take PO) ≥ 30 weeks & < 35 weeks: 2 mg/kg/dose PO q12 IV: 1.5mg/kg/dose q12 if unable to take PO) <30 weeks: www.aidsinfo.nih.gov | ² Nevirapine >2 kg: 12 mg/dose PO 1.5-2 kg: 8 mg/dose PO 3 doses in the first week of life: 1st dose: within 48 hours of life 2nd dose: 48 hours after 1st dose 3rd dose: 96 hours after 2nd dose |

Algorithms are not intended to replace providers' clinical judgment or to 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 revised November 2019

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://aidsinfo.nih.gov/contentfiles/lvguidelines/perinatall.pdf>