December 1, 2011: Erratum Issued for the HHS Perinatal Guidelines

The September 14, 2011 edition of the Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States was recently updated:

- **Table 5** (Page 39): In the third column (Dosing Recommendations), consideration of increased lopinivir/ritonavir dosing is corrected to reflect both second and third trimester.
- **Table 5** (Page 40): The panel updated the dosing recommendations for atazanavir to include consideration of increased atazanavir/ritonavir dosing in the second and third trimester of pregnancy and to clarify dosing in pregnant women when co-administered with tenofovir, H2 antagonists or efavirenz.
- **Special Situations - Acute HIV Infection** (Page 79): The panel corrected a statement in the section to accurately represent the rate of mother-to-child transmission of HIV in New York State from 2002 to 2006, including the rates of transmission for infants born to mothers who acquired HIV during pregnancy versus for infants born to mothers who did not acquire HIV during pregnancy. Now reads: From 2002 to 2006, 3,396 HIV-exposed neonates were born in New York State; 22% (9 of 41) infants born to mothers who acquired HIV during pregnancy became infected with HIV, compared with 1.8% of those born to mothers who did not acquire HIV during pregnancy (odds ratio [OR] 15.19, 95% confidence interval [CI], 3.98–56.30). Maternal acquisition of HIV during pregnancy was documented in only 1.3% of perinatal HIV exposures, but it was associated with 9 (13.8%) of the 65 mother-to-child transmission cases [2] *.
- **Table 9** (Page 139): The three-drug regimen zidovudine + nelfinavir + lamivudine for neonatal use in special circumstances has been removed from the table because the powder form of nelfinavir is no longer commercially available in the United States and hence the regimen is no longer applicable for use for infant prophylaxis.