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

Downloaded from http://aidsinfo.nih.gov/guidelines on 5/20/2016

Visit the AIDS*info* website to access the most up-to-date guideline.

Register for e-mail notification of guideline updates at http://aidsinfo.nih.gov/e-news.

Downloaded from http://aidsinfo.nih.gov/guidelines on 5/20/2016

Infants Born to Mothers with Unknown HIV Infection Status (Last updated July 31, 2012; last reviewed July 31, 2012)

Panel's Recommendations
• For infants born to mothers with unknown HIV status, rapid HIV antibody testing of mothers and/or infants is recommended as soon as possible after birth, with immediate initiation of infant antiretroviral (ARV) prophylaxis (see Infant Antiretroviral Prophylaxis) if the rapid test is positive **(AII)**. • In the setting of a positive test, standard antibody confirmatory testing such as a Western blot also should be performed on mothers (or their infants) as soon as possible. Clinicians should not wait for the results of the confirmatory test before initiating postnatal prophylaxis. If the confirmatory test is negative, ARV prophylaxis can be discontinued **(AIII)**. • If the HIV antibody confirmatory test is positive, a newborn HIV DNA polymerase chain reaction (PCR) assay should be performed **(AIII)**. • If the newborn HIV DNA PCR is positive, ARV prophylaxis should be discontinued and the infant promptly referred to a pediatric HIV specialist for confirmation of the diagnosis and treatment of HIV infection with standard combination antiretroviral therapy **(AI)**.
Rating of Recommendations: *A = Strong; B = Moderate; C = Optional* ***Rating of Evidence:*** *I = One or more randomized trials with clinical outcomes and/or validated laboratory endpoints; II = One or more well-designed, nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = Expert opinion*

Rapid HIV antibody testing of mothers and/or infants is recommended as soon as possible after birth when maternal HIV status is unknown and rapid HIV antibody testing was not performed during labor. If rapid testing is positive, infant antiretroviral (ARV) prophylaxis should be initiated immediately, without waiting for the results of a confirmatory test. Rapid HIV antibody testing should be available on a 24-hour basis at all facilities with a maternity service and/or neonatal intensive care or newborn nursery. A positive test result in mothers or infants should be presumed to indicate maternal HIV infection until standard antibody confirmatory testing clarifies maternal status. A standard confirmatory test (such as Western blot) should be performed on mothers (or their infants) as soon as possible after the initial positive rapid test.[1] A positive HIV antibody test in an infant indicates maternal but not necessarily infant HIV infection; diagnosis of HIV infection in infants younger than age 18 months requires virologic testing. If the confirmatory test on a mother (or infant) is negative, ARV prophylaxis can be discontinued. If the confirmatory test is positive, an HIV DNA polymerase chain reaction (PCR) assay should be obtained urgently from the newborn. If the HIV DNA PCR is positive, ARV prophylaxis should be promptly discontinued and the infant should receive treatment for HIV infection with standard combination antiretroviral therapy according to established *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection*.

Reference

1. Centers for Disease Control and Prevention (CDC). Rapid HIV-1 antibody testing during labor and delivery for women of unknown HIV status: a practical guide and model protocol. 2004; http://www.cdc.gov/hiv/topics/testing/resources/guidelines/pdf/Labor&DeliveryRapidTesting.pdf.

Downloaded from http://aidsinfo.nih.gov/guidelines on 5/20/2016