

SCREENING CLINIC GUIDELINES for HIV EXPOSED INFANTS

Visit schedule	Laboratory	Guidance: Baby	Guidance: MOM	Psychosocial Concerns
L&D	Confirm HIV status. If positive, administer AZT 2mg/kg x 1 hour, then 1 mg/kg until cord is clamped.		No breastfeeding	Disclosure, isolation, fear, stigma
Birth-discharge from inpatient unit.	<i>Inpatient:</i> DNA PCR (do not use cord blood) Hep B #1 PCP identified Appointment for specialty clinic at 2 weeks of age	Dispense 6 weeks of AZT if possible to assure that family has appropriate medication. Dose: 2 mg/kg every 6 hours for 6 weeks* Assess mother's ability to administer meds- Discourage mixing AZT with formula.	Obtain Release of MR to share results of mother and baby labs, records. No pre-mastication Identify any other family members at risk for HIV, including father of baby, and offer testing and counselling.	Insurance, education
2 weeks	DNA PCR results from NB Repeat DNA PCR Adjust AZT for weight Determine baby has PCP Send letter #1 to PCP Review understanding of passive transfer of maternal antibodies F/u any other serologies, unusual findings, interest in clinical trials	Test result positive, repeat to confirm , presumed infected and begin treatment Test results Negative- appointment in 2 weeks	Determine whether mom has adequate support. Introduction to support group, peer advocate.	Adherence to medications for mother and baby
4 weeks	DNA PCR results given Repeat DNA PCR Recalculate AZT dose per weight Document Mom's Post partum visit date.	Check that infant seen by PCP. <i>If not, Identify PCP from list, and assist mom to make appt WHILE IN CLINIC</i> Baby due for Hep B #2 If test positive, repeat to confirm. Send 2 specimens to 2 different labs! <i>Guidelines would say this is presumed infected and begin treatment</i>	Review secondary prevention with mom. Check that mother has 6 week Post- partum Visit scheduled If not, assist her to make the appointment (or confirm) while in clinic	
6 weeks	Stop ARV prophylaxis.	If positive, repeat to	Review with mom her	Education and support.

	<p>Interpret HIV test results. If 2 negative DNA PCR tests- presumptive exclusion of HIV- Do not start TMP SMX Send Form letter #2 to Primary CP</p>	<p>confirm. Begin prophylaxis with TMP SMX and facilitate appointment to specialty HIV care.</p>	<p>understanding of her health. Assure that she has Infectious Disease follow up appointments. If not... assist her to connect with case mgmt Review no pre-mastication</p>	
4 months	<p>Repeat DNA PCR. IF negative-definitive exclusion of HIV infection.</p>	<p>Emphasize BABY DOES NOT HAVE HIV. Clarify difference between <i>uninfected</i> and <i>undetectable</i>.</p>	<p>Explore with mom any myths she may have regarding HIV "carriers" or HIV not showing up for years. Review no pre-mastication</p>	
18 months	<p>Primary or specialty provider may confirm HIV exclusion with HIV serologic test.</p>			

Definitive exclusion of HIV infection:
2 negative HIV RNA or DNA PCR tests, separate specimens, both obtained ≥ 2 weeks of age and 1 obtained ≥ 4 months of age. OR 1 negative HIV RNA or DNA test obtained at >8 weeks of age OR 1 negative HIV antibody (ELISA) test obtained at > 6 months

Presumptive Exclusion of HIV Infection in Infant
2 Negative HIV RNA or DNA PCR
#1 ≥ 14 days
#2 ≥ 4 weeks old

HIV diagnosis: Presumptive with 1 positive HIV DNA or RNA PCR. Confirm with separate test. Definitive infection 2 positive DNA or RNA PCR test results performed on two separate samples.