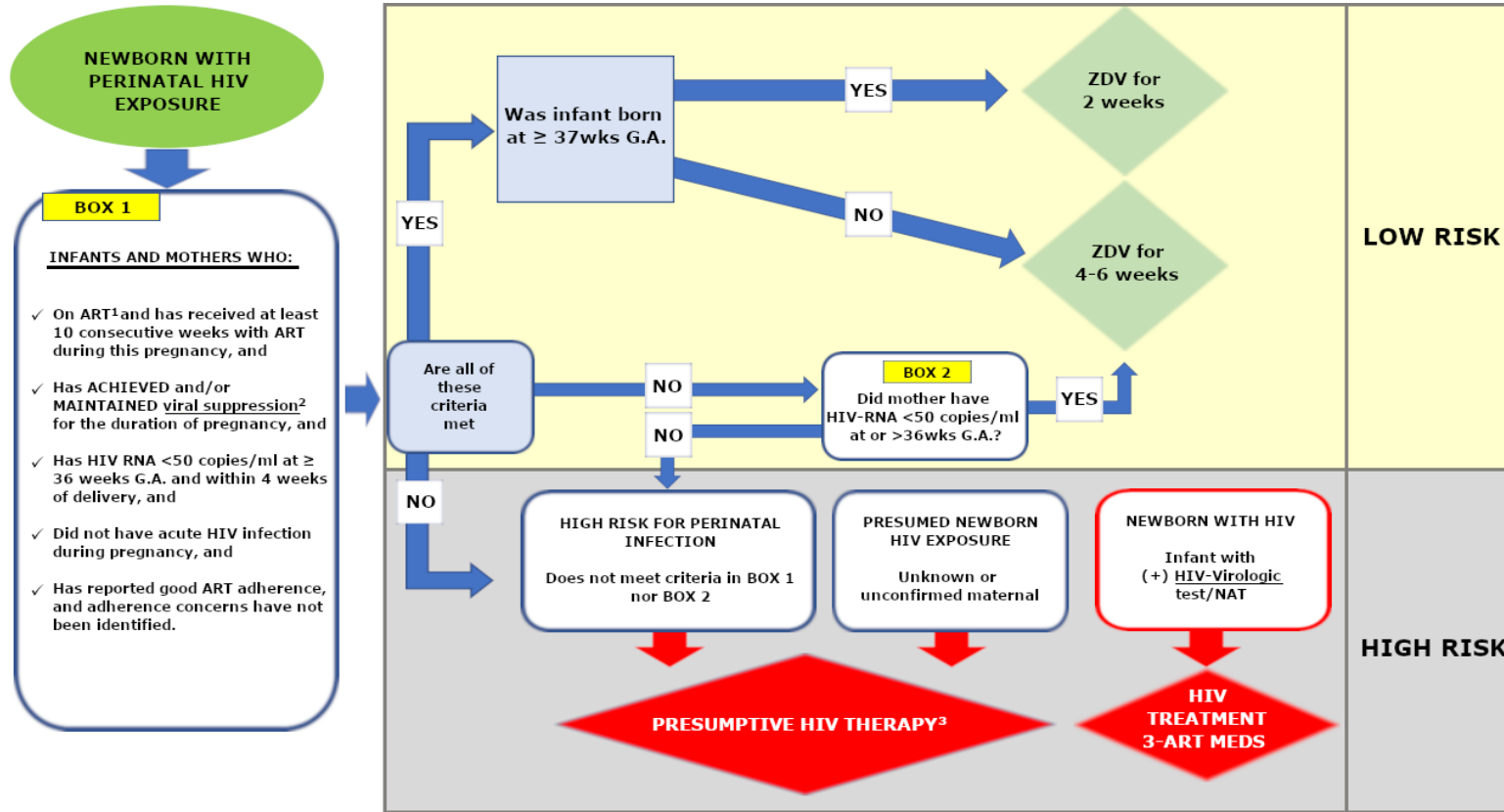


FIG 1

ANTIRETROVIRAL REGIMENS RECOMMENDED FOR EXPOSED INFANTS \*



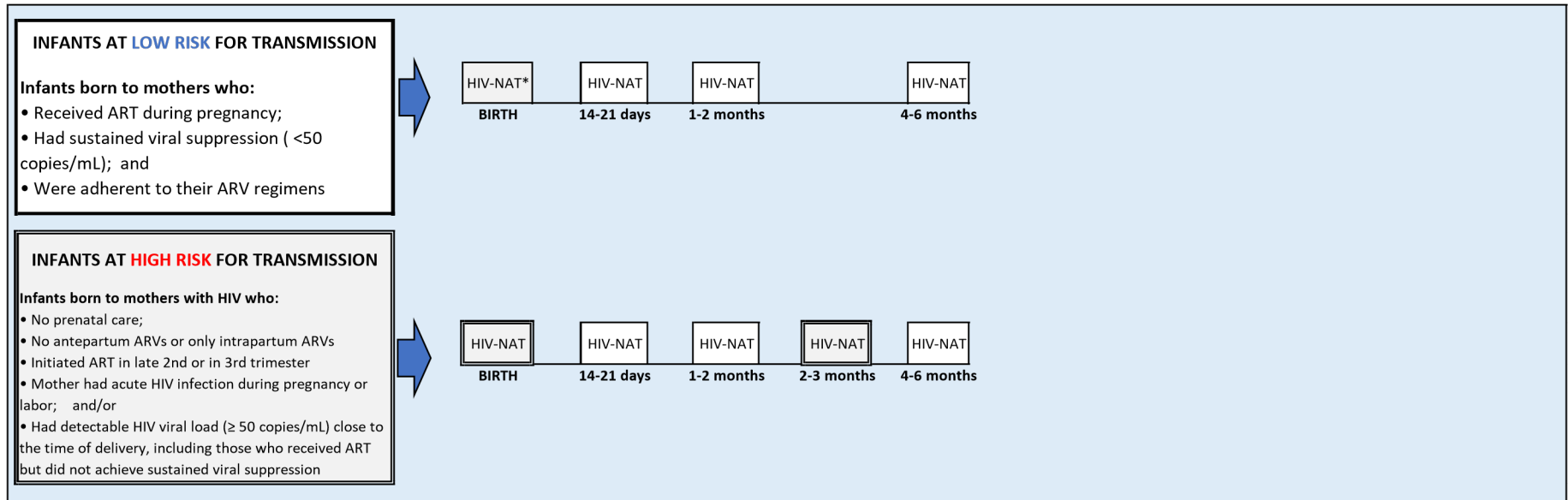
This algorithm was created by the Emerging Infections Task Force of the Florida Chapter of American Academy of Pediatrics, Inc., based on the best available data at the time it was prepared. Extensive efforts have been made to ensure that the recommendations are accurate and conform to the standards accepted at the time of publication. Changes in information resulting from research and clinical experience, unique aspects of individual clinical situations, and the possibility of human error require the reader to exercise judgment when making a clinical decision. Adherence to this algorithm will not ensure successful evaluation and treatment in every situation. This algorithm should not be interpreted as setting a standard of care or be deemed inclusive of all proper methods of care nor exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding any specific therapy must be made by the physician and the patient considering the circumstances presented by the individual patient. Because clinical guidelines, practice standards, and professional opinion may differ outside of the United States, international readers are advised to consult local medical sources.

1 ART	Anti-retroviral medications Doses are based on G.A., age, weight and risk level
2 VIRAL SUPPRESSION	≥ 2 consecutive HIV+RNA levels <50 copies/ml obtained at least 4 weeks apart
3 PRESUMED HIV THERAPY	ZDV+3TC+ either NVP or RAL (NVP needs to be given at treatment doses)
4 TREATMENT FOR HIV INFECTION	Using 3 ART medications, all meds at treatment dosages Recommended regimens ZDV+3TC+ (NVP or RAL)
5 PRESUMED NEWBORN WITH HIV EXPOSURE	Discontinue ART meds if mother is confirmed HIV negative

ART REGIMENS FOR BREASTFEEDING BASED ON SHARED DECISION		
MAKING AND ON RISK LEVEL FOR ACQUIRING INFECTION		
LOW RISK	Meets criteria in BOX 1	ZDV for 2 weeks
	Meets criteria in BOX 2 and not in BOX 2 Alternative regimen	ZDV for 4-6 weeks NVP daily for ≥6 weeks
HIGH RISK	<b>BREASTFEEDING IS NOT RECOMMENDED</b> If mother still chooses to breastfeed against advice: Place infant on PRESUMPTIVE HIV THERAPY for 6wks followed by daily NVP through breastfeeding and until 1-4 weeks after weaning.	

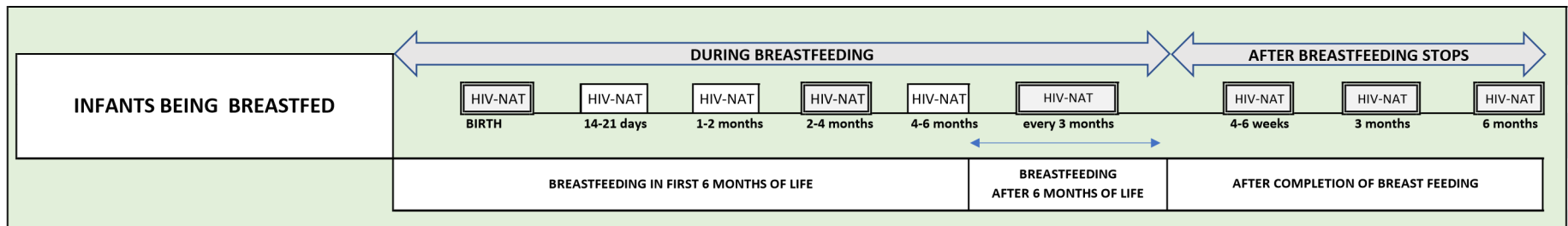
\* Work product of University of Florida Center for HIV/AIDS Research, Education and Service (UF CARES)

## PERINATAL HIV EXPOSURE RECOMMENDED VIROLOGIC TESTING FOR INFANTS \*



HIV-NAT: Includes quantitative or qualitative virologic tests using Polymerase Chain Reaction (PCR) or Nucleic Acid Amplification Tests (NAATs) for HIV-RNA or HIV-DNA

\*Birth HIV-NAT for LOW-RISK transmission is an added recommendation from UF-JAX Peds ID.



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