

Guide to use of ARVs and CPT in Prevention of Mother-to-Child Transmission Services HIV-Infected Pregnant Women



The United Republic of Tanzania
Ministry of Health
and Social Welfare

Women identified HIV-positive during ANC

In RCH/CTC

- **Initiate lifelong ART immediately** (refer to CTC if ARVs are not available at your site):
 - Once daily fixed-dose combination^{1,2}:
- **Tenofovir (TDF) 300 mg and**
- **Lamivudine (3TC) 300 mg and**
- **Efavirenz (EFV) 600 mg**
- **Perform WHO Clinical Staging and conduct the following laboratory testing:**
 - CD4 count
 - Full blood picture
 - Renal and liver function tests
- **Start cotrimoxazole preventive therapy (CPT)**
 - CPT 960 mg daily (1 double-strength tablet or 2 single-strength tablets)

¹ Alternative first-line regimens are AZT + 3TC+ EFV or AZT + 3TC + NVP

² Women who become pregnant while on ART should switch regimen to TDF/3TC/EFV unless otherwise instructed by the CTC.

In Labour and Delivery Ward

- **Continue ART** with fixed-dose TDF, 3TC and EFV once-daily (see above)
- **Continue CPT prophylaxis at the same dose and schedule**

After Delivery

- **For CPT, refer to the adult criteria in the guidelines for management of HIV**
- **Continue ART** with fixed-dose TDF, 3TC and EFV once-daily (see above)
- **Schedule post-partum follow up visit (7, 28, and 42 Days)**
- **Ensure prompt follow up at CTC and adequate supply of medications**

Women identified HIV-positive during labour

In Labour and Delivery Ward

- **Initiate ART during labour with once daily fixed-dose combination:**
 - Tenofovir (TDF) 300 mg and
 - Lamivudine (3TC) 300 mg and
 - Efavirenz (EFV) 600 mg

After Delivery

- **Continue ART with fixed-dose TDF, 3TC and EFV once-daily** (see above)
- **Perform WHO Clinical Staging and conduct the following laboratory testing**
 - CD4 count
 - Full blood picture
 - Renal and liver function tests
- **For CPT, refer to the adult criteria in the guidelines for management of HIV.**
- **Schedule post-partum visits (7, 28 and 42 days) and ensure adequate supply of medications**
 - For RCH clinics that do not provide ART, refer to nearby CTC

Testing after Delivery

- **Initiate ART with once daily fixed-dose combination:**
 - Tenofovir (TDF) 300 mg and
 - Lamivudine (3TC) 300 mg and
 - Efavirenz (EFV) 600 mg
- **Perform WHO Clinical Staging and conduct the following laboratory testing**
 - CD4 count
 - Full blood picture
 - Renal and liver function tests
- **For CPT, refer to the adult criteria in the guidelines for management of HIV.**



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ARVs and cotrimoxazole prophylaxis in PMTCT Services HIV-Exposed Infants

NVP (Nevirapine) Syrup Dosing Once Daily	
Age (weight)	Syrup 50 mg/5ml
Birth–6 weeks (birth weight <2500 gram)	10 mg = 1 ml
Birth–6 weeks (birth weight ≥2500 gram)	15 mg = 1.5 ml

Immediately after birth

- Ensure that all infants born to HIV-infected women receive ARV prophylaxis as soon as possible after birth:

All HIV-exposed infants should receive NVP once daily from birth to six weeks of age
- Provide infant feeding information, counselling and support
 - Emphasize breast feeding to 12 months of age and avoidance of mixed feeding in the first 6 months of life.
 - If mother wants to formula feed, assess if AFASS and counsel accordingly. Discuss how mother will cope with possible stigmatisation if she chooses not to breastfeed and advise her on the suppression of lactation.
- Administer immunisations
 - OPV-0 and BCG
- Vitamin A
 - Formula-fed infants only: administer vitamin A 50,000 IU

At 4-6 weeks

- Conduct full post-natal exam
- Stop infant ARV prophylaxis at 6 weeks of age
- Start cotrimoxazole preventive therapy (CPT): Instruct caregiver to give CPT daily until child is proven HIV-negative (see CPT dosing schedule to left)
- Provide infant feeding information, counselling and support
 - Emphasize exclusive breast feeding to 12 months of age; avoidance of mixed feeding in the first 6 months of life.
 - If mother wants to formula feed, assess if AFASS and counsel accordingly.
- Conduct HIV testing using HIV viral testing (DNA-PCR)
 - If HIV-positive, refer immediately to CTC for ARV therapy
- Administer immunisations
 - OPV 1
 - Pentavalent 1
 - PCV 1
 - Rotarix 1

Cotrimoxazole Preventive Therapy (CPT): Dosing Once Daily				
Recommended Daily Dosage	Suspension (5 ml syrup (200 mg/40 mg))	Paediatric tablet (100 mg/20 mg)	Single-strength adult tablet (400 mg/80 mg)	Double-strength adult tablet (100 mg/20 mg)
<6 months	2.5ml	One tablet	¼ tablet, possibly mixed with feeding	One tablet
6 months–5 years	5 ml	Two tablets	Two tablets	Two tablets
>6–14 years	10 ml	Four tablets	Four tablets	Four tablets
>14 years	—	—	—	—

HIV Testing	
0–9 months	Use HIV viral testing (DNA-PCR)
9–18 months	Use HIV antibody testing; re-test all positive results using HIV viral testing (DNA-PCR)
≥18 months	Use HIV antibody testing

Monthly until HIV status determined

- Monitor growth and development
- Advise on infant ARV prophylaxis (breastfed infants whose mothers are NOT on ARV therapy, only):
 - Administer Vitamin A:
 - < 6 months: 50, 000 IU (formula fed infants only)
 - At 9-12 months*: 100,000 IU
 - *Timing should correspond with measles vaccination
 - At 15-18 months: 200,000 IU
 - At 21-24 months: 200,000 IU
- Continue CPT: Adjust dose for weight and continue until child is proven HIV-negative
- Provide infant feeding information, counselling and support
 - Discuss complementary feeding starting from 6 months of age
- Repeat HIV testing in infants who originally tested HIV-negative:
 - If symptomatic for HIV
 - At least 6 weeks after complete cessation of breast feeding
 - Use appropriate test for age
- Administer immunisations
 - 10 weeks: OPV 2, Pentavalent 2, PCV 2, Rotarix 2
 - 14 weeks: OPV 3, Pentavalent 3, PCV 3
 - 9 months: Measles — but only if no severe immunosuppression

