

Recommended schedule of tests for the diagnosis of HIV-1 exposed infants:

Age	HIV serology EIA	CBC	HIV DNA-PCR*	other
cord blood		X + SGPT		
At birth			X	start ZDV 2mg/kg q 6 hrs x 6 wks
2-4 wks		X	X	start TMP-SMX** at 4-6 weeks
8 weeks		X	X	cont. TMP-SMX
4 months			X	stop TMP-SMX if uninfected
18 months***	X			

* HIV DNA- PCR should be obtained from the infant within the first 48 hours. Alternatively, the HIV-DNA-PCR can be replaced by a quantitative RNA-PCR, however, RNA-PCR is not approved as a diagnostic test.

Any positive quantitative HIV RNA or DNA PCR should be confirmed with a repeat test ± a follow-up HIV-1 culture.

Quant HIV RNA requires the plasma from 2 ml of blood in a purple top EDTA tube-the plasma should be separated and frozen preferably within 4 hours and then sent frozen.

HIV DNA PCR requires 1-2 ml of blood collected in a purple top EDTA tube sent at room temperature.

**Infants are placed on TMP-SMX for PCP prophylaxis. PCP prophylaxis should continue until 2 viral detection tests (such as culture, DNA PCR, quantitative HIV RNA) one obtained after one month of age and one on or after 4 months of age are negative. MMWR 1995;44(RR-4). Screening for G6PD deficiency should be done if the infant is African American.

*** HIV serology will likely be positive until the 18 month check – if all of the previous PCR tests have been negative, a positive HIV serology prior to 18 months does not indicate infection.