HHS Updates Pediatric HIV Guidelines

The current guidelines recommend counseling about breastfeeding, formula feeding and donor milk.

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In June, the Department of Health and Human Services (HHS) updated its Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States and Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection.

The guidelines recognize that women who take antiretroviral therapy consistently and maintain viral suppression have a very low risk of transmitting HIV during pregnancy, delivery or breastfeeding. The concept of "undetectable equals untransmittable" is well established for sexual transmission, but adoption has been slower for perinatal transmission. Older HHS guidelines generally advised against breastfeeding, but the January 2023 edition for the first time recommended "evidence-based, patient-centered counseling" to support shared decision-making about infant feeding.

If antiretroviral therapy is used consistently and viral load is below 50 copies for at least three months prior to delivery, the current guidelines recommend counseling about breastfeeding, formula feeding and donor milk. Under these circumstances, the risk of transmission via breastfeeding is "less than 1%, but not zero." Older guidelines noted that infants who were exclusively breastfed had a lower risk of HIV acquisition, but the latest version states that there is no evidence that formula supplementation increases the risk in the context of parental antiretroviral therapy and viral suppression.

The revised guidelines also include updated recommendations on antiretroviral prophylaxis for infants exposed to HIV, depending on the mother's viral load. Infants at low risk should receive zidovudine (AZT) alone for two weeks. For infants at high risk, presumptive treatment now consists of a three-drug regimen of dolutegravir or nevirapine plus zidovudine and lamivudine (3TC). For infants known to have HIV, the preferred regimen for initial treatment is dolutegravir plus zidovudine and either lamivudine or emtricitabine.

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