U.S. Revises Pediatric HIV Treatment Guidelines

Changes include new information about risks associated with dolutegravir during pregnancy and removal of older drugs owing to toxicities.

April 22, 2019 By Benjamin Ryan

The Department of Health and Human Services has revised its pediatric HIV treatment guidelines as follows:

- As a result of recent research indicating an apparent association between the use of dolutegravir (Tivicay, also in the Triumeq, Juluca and Dovato combination pills) during conception and a small increase in the risk of neural tube defects in newborns, care providers are now advised to discuss this potential risk with their patients.

- A new boxed-panel recommendation supports starting antiretroviral (ARV) treatment in all infants and children with HIV who have not yet taken ARVs. Wording has been updated to recommend the rapid initiation of ARV treatment (within one to two weeks of diagnosis) among children between six and 12 weeks of age with Stage 3 HIV disease as well as an expedited discussion of medication adherence for children in this age group. For infants in this age range with less advanced HIV disease, clinicians should wait longer to fully assess and address adherence issues before starting them on treatment for the virus.

- New weight parameters have been added to the recommendations regarding which ARVs to use for the first-line treatment for children with HIV.

- The guidelines have removed some older ARVs as a result of unacceptable toxicities, inferior

efficacy in suppressing HIV, a high pill burden, other drug-related concerns and a limited amount of pediatric data.

- All adolescents with HIV are now recommended to receive mental health and substance abuse screening.

- New pediatric data, including dosing information, as well as information about newly approved ARVs has been added to the drug sections regarding fixed-dose combination ARV tablets.

To read about all the new guidelines, click here.

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