

# Corrigendum: How ready are our health systems to implement prevention of mother to child transmission Option B+?

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The authors apologise for two oversights in Box 1: One was due to non-deletion of a bullet point; the other was an omission.

The June update of the new January 2015 South African (SA) PMTCT guideline states that infants should no longer be tested for HIV infection at 6 weeks.

Box 1 illustrates the PCR infant HIV testing time points. Six weeks testing has been removed from the revised Box (please see below).

Additionally, information about HIV infant test confirmation was omitted. This information has now been added as the last row in the revised Box (please see below). According to the new January 2015 SA PMTCT guideline a second infant HIV PCR test is used to confirm infant HIV infection following a first positive HIV PCR test. The new January 2015 SA PMTCT guideline no longer recommends infant viral load as a confirmatory test.

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Please see below the revised Box.

**BOX 1:** Key changes between the 2013 and January 2015 South Africa prevention of mother to child transmission guidelines.

2013 South African PMTCT guideline	New January 2015 South African PMTCT guideline
No mention of HIV testing amongst children.	Children aged $\geq 12$ years may self-consent to an HIV test if they are of sufficient maturity to understand the benefits, risk and social implications.
<b>Re-testing of HIV-negative mothers or mothers of unknown HIV status:</b> should be tested for HIV at 6 weeks, 3 months, 9 months and 1 year postpartum, particularly if they are breast feeding.	<b>Re-testing of HIV-negative mothers:</b> <ul style="list-style-type: none"> <li>• 3-monthly through pregnancy</li> <li>• at labour/delivery</li> <li>• at 6-week infant immunisation visit (to identify newly exposed babies who need HIV testing)</li> <li>• 12-weekly throughout breastfeeding till 24 months if breastfeeding continued.</li> </ul>
<b>CD4 cell count <math>\leq 350</math> cells/<math>\mu</math>L used to guide eligibility for ART:</b> amongst pregnant women without stage 3/4 disease or amongst non-pregnant HIV-positive patients with stage 3/4 disease. CD4 cell count used for monitoring of ART at 12 months post initiation.	<b>CD4 cell count not needed to determine ART eligibility amongst pregnant and lactating women:</b> Done for newly diagnosed patients at initiation to assess the need for: <ul style="list-style-type: none"> <li>• ART prioritisation (CD4 <math>&lt; 200</math> cells/<math>\mu</math>L)</li> <li>• cotrimoxazole (CD4 <math>&lt; 200</math> cells/<math>\mu</math>L)</li> <li>• tests to diagnose Cryptococcus infection (CD4 <math>&lt; 100</math> cells/<math>\mu</math>L).</li> </ul> (Amongst the non-pregnant HIV-positive population, the threshold CD4 cell count for ART has been increased to $\leq 500$ cells/ $\mu$ L.)
<b>Initiate lifelong ART:</b> <ul style="list-style-type: none"> <li>• in all pregnant women with CD4 cell count <math>\leq 350</math> or stage 3/4 disease</li> <li>• all HIV-positive children <math>&lt; 5</math> years old – immediately for infants and within 2 weeks for children between 1 and 5 years</li> <li>• TB/HIV co-infected pregnant women.</li> </ul> <b>Initiate ‘feeding-dependent’ ART</b> until 1 week after complete cessation of breastfeeding in women with CD4 $> 350$ without stage 3/4 disease.	<b>Initiate lifelong ART regardless of CD4 cell count for:</b> <ul style="list-style-type: none"> <li>• HIV-positive pregnant, breastfeeding women, or women within 1 year post partum for life</li> <li>• HIV-positive women who attend for choice of termination of pregnancy (CTOP) (included in the 2015 PMTCT training package)</li> <li>• HIV-positive children <math>&lt; 5</math> years (discussed in more detail in the paediatric guidelines)</li> <li>• HIV/TB or HIV/hepatitis B co-infected women.</li> </ul> <b>Duration of ART not dependent on feeding practice.</b>
<b>Efavirenz (EFV)</b> not used in first trimester of pregnancy amongst women on ART.	<b>Efavirenz (EFV)</b> used in first trimester of pregnancy amongst women on ART.
<b>Viral load monitoring</b> at first ANC if ART initiated before pregnancy and at 6 and 12 months post initiation.	<b>Viral load monitoring</b> at first ANC if ART initiated before pregnancy or within 3 months if ART initiated antenatally or during breastfeeding. Thereafter 6-monthly viral load monitoring.
<b>Daily infant nevirapine for 6 weeks</b> from as soon as possible post delivery.	As for 2013 plus <b>infant nevirapine could continue for 12 weeks</b> if maternal ART adherence has been suboptimal or maternal viral load $> 1000$ copies/ $\mu$ L or mother is newly diagnosed during breastfeeding. For newly diagnosed HIV-positive breastfeeding mothers, infant AZT and nevirapine should be initiated immediately. If infant PCR is negative, infant AZT can stop; but infant nevirapine should continue for 12 weeks. In HIV exposed infants $< 18$ months, infant nevirapine prophylaxis can be initiated if infant HIV rapid test result is not available or is positive, whilst awaiting infant’s PCR result.
<b>Infant PCR testing to be conducted at:</b> <ul style="list-style-type: none"> <li>• birth in symptomatic infants failing to thrive (includes low birth weight, haematological abnormality such as anaemia or thrombocytopenia, congenital pneumonia, hepatosplenomegaly, extensive oral candidiasis, significant lymphadenopathy, any opportunistic infections)</li> <li>• 6 weeks in all HIV-exposed infants</li> <li>• 6 weeks post cessation of breastfeeding if aged <math>&lt; 18</math> months and rapid HIV test if aged <math>\geq 18</math> months</li> <li>• rapid HIV testing at 18 months.</li> </ul> <b>Abandoned infants</b> should receive NVP $< 72$ hours post delivery and continued until HIV-exposure status has been determined. If the HIV rapid/ELISA test is positive, continue nevirapine until 6 weeks of age and do a PCR at 6 weeks. If the HIV rapid test result cannot be determined within 2 hours of encountering an abandoned baby, a stat dose of NVP is warranted.	<b>Infant PCR testing to be conducted at:</b> <ul style="list-style-type: none"> <li>• birth, or as soon as possible after birth amongst all HIV exposed infants</li> <li>• 10 weeks in infants not testing HIV positive at birth</li> <li>• 16 weeks in infants receiving 12 weeks nevirapine</li> <li>• 6 weeks post cessation of breastfeeding if aged <math>&lt; 18</math> months and rapid HIV tests if aged <math>\geq 18</math> months</li> <li>• rapid HIV testing at 18 months for all HIV-exposed infants, for infants born to mothers of unknown HIV status, and for infants breastfed by a woman of unknown HIV status.</li> </ul> For infants $< 18$ months, HIV rapid testing can be conducted to determine infant HIV-exposure. Abandoned infants – protocol as for 2013 guidelines.
<b>Infant viral load:</b> <ul style="list-style-type: none"> <li>• used to confirm infant HIV infection following a first positive HIV PCR test</li> </ul>	<b>Second infant HIV PCR test:</b> <ul style="list-style-type: none"> <li>• used to confirm infant HIV infection following the first positive HIV PCR test, infant viral load not used.</li> </ul>