European survey of policies for postnatal prophylaxis and infant feeding for prevention of vertical HIV transmission

Thank you for considering taking part in this survey. A participant information sheet was attached to the email where you accessed this survey link. To participate in the survey, please consent to the following statements. You will then be able to access the survey itself.

I confirm that I have read and understood the Information Sheet provided, and consent to participate in the survey.	○ I confirm
I understand that my personal information (name, email address) may be used to contact me to ask for clarifications or with respect to potential publications, and that according to data protection legislation, 'public task' will be the lawful basis for processing.	○ I confirm
I understand that my responses will be kept strictly confidential, and it will not be possible to identify me in any publications. However, if I indicate within the survey that I would like to be involved in potential publications, and my name is included in a report as a co-author, it may be possible to link my name to my countries policy information.	○ I confirm
I understand that my participation is voluntary and that I am free to withdraw up to 2 weeks after the survey has closed without giving a reason.	○ I confirm
I understand that the data will not be made available to any commercial organisations but is solely the responsibility of the researcher(s) undertaking this study.	○ I confirm
I understand that the information I have submitted will be published as an abstract and/or paper and I will be given the option of being involved in potential publications.	○ I confirm
I understand that my data gathered in this study will be stored securely and destroyed after 5 years.	○ I confirm
Full name of the person completing the survey	

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Your email address	
What is your job title?	Paediatric infectious diseases doctor Paediatric doctor Infectious diseases doctor Obstetrics and gynaecology doctor Adult HIV doctor Virologist Other
Please specify "Other".	



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	Albania (AL)
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	O Burkina Faso (BF)
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Saint Pierre and Miquelon (PM)
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San Marino (SM)
Sao Tome and Principe (ST)
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○ Sierra Leone (SL)
○ Singapore (SG)
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Solomon Islands (SB)
Somalia (SO)
South Africa (ZA)
South Georgia And The South Sandwich Islands (GS)
Spain (ES)
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	United Kingdom (GB)
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	Uzbekistan (UZ)
	○ Vanuatu (VU)○ Vatican City (VA)
	○ Venezuela (VE)
	○ Vietnam (VN)
	Wallis And Futuna Islands (WF)Western Sahara (EH)
	Yemen (YE)
	○ Zambia (ZM)
	Zimbabwe (ZW)(you can type the country in)
What is the name of the hospital(s) where you work?	
What is the name of the city/town where this	
hospital(s) is located?	
In your country, which of the following do you have	☐ National guidelines
available to guide practice for postnatal prophylaxis?	Regional guidelines
Select all that apply	☐ Local institutional guidelines☐ Guidelines from another country or organisation
, and a series of the series o	(e.g. WHO)
	☐ No guidelines ☐ Other
Please specify "Guidelines from another country or	
organisation (e.g. WHO)".	
Please specify "Other".	

Which of these guidelines are used in your centre?	☐ National guidelines☐ Regional guidelines
Select all that apply	 ☐ Regional guidelines ☐ Local institutional guidelines ☐ Guidelines from another country or organisation (e.g. WHO) ☐ No guidelines ☐ Other
If you have national guidelines but also use regional or local guidelines, are there any major differences between them?	YesNoNot applicable
Please outline the main differences.	
Please either provide the reference (PubMed ID or Digital Object Identifier (DOI) or URL) of the guidelines/recommendations you follow	
or upload the documents	
Doc 1 Doc 2 Doc 3 Doc 4 Doc 5 Doc 6	
Do you work in a centre where infants are born to women living with HIV?	○ Yes ○ No
Approximately how many infants at risk of vertical HIV transmission (i.e. born to a mother with HIV) are born in your centre per year.	 ○ 1-10 ○ 11-30 ○ 31-50 ○ 51-100 ○ >100 ○ I don't know
Are you directly involved in decision-making on postnatal prophylaxis recommendations for individual cases?	
Are you directly involved in the follow-up testing of infants at risk of vertical transmission of HIV (i.e. born to a mother with HIV)?	○ Yes ○ No
Are you involved in providing general guidance to other clinical providers on postnatal prophylaxis?	
At which level is this? Select all that apply	☐ Institutional ☐ Regional ☐ National ☐ International ☐ Other
Please specify "Other".	



Do you use a risk stratification approach to decide which postnatal prophylaxis, if any, to give to infants born to mothers living with HIV?	○ Yes ○ No	
Which drug/s are routinely recommended for postnatal prophylaxis? Select all that apply	☐ Zidovudine ☐ Lamivudine ☐ Nevirapine ☐ Abacavir	
	☐ Tenofovir-DF☐ Lopinavir/ritonavir☐ Raltegravir☐ Other	
Please specify "Other".		
For how many weeks is this drug/s given? If different drugs are given for different durations, please explain.		
How many risk categories are there?	○ 2 ○ 3 ○ 4	
What is the title of category 1 (e.g. high risk, low risk or very low risk)?		
Please state the criteria used to classify an infant into this category.		
How many (if any) different postnatal prophylaxis drugs are given to an infant in category 1?	 No postnatal prophylaxis drugs used Single drug postnatal prophylaxis used Combination postnatal prophylaxis drugs used 	
When a single drug is used for postnatal prophylaxis, which one do you most routinely recommend?	 Zidovudine Lamivudine Nevirapine Abacavir Tenofovir-DF Lopinavir/ritonavir Raltegravir Other 	
Please specify "Other".		
For how many weeks is this drug given?		
When a combination of postnatal prophylaxis drugs are used, which ones do you most routinely recommend?	☐ Zidovudine ☐ Lamivudine ☐ Nevirapine	
Select all that apply	☐ Abacavir ☐ Tenofovir-DF ☐ Lopinavir/ritonavir ☐ Raltegravir ☐ Other	

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Please specify "Other".	
For how many weeks are these drugs given? If different drugs are given for different durations, please explain.	
What is the title of category 2 (e.g. high risk, low risk or very low risk)?	
Please state the criteria used to classify an infant into this category.	
How many (if any) different postnatal prophylaxis drugs are given to an infant in category 2?	No postnatal prophylaxis drugs usedSingle drug postnatal prophylaxis usedCombination postnatal prophylaxis drugs used
When a single drug is used for postnatal prophylaxis, which one do you most routinely recommend?	 Zidovudine Lamivudine Nevirapine Abacavir Tenofovir-DF Lopinavir/ritonavir Raltegravir Other
Please specify "Other".	
For how many weeks is this drug given?	
When a combination of postnatal prophylaxis drugs are used, which ones do you most routinely recommend? Select all that apply	☐ Zidovudine ☐ Lamivudine ☐ Nevirapine ☐ Abacavir ☐ Tenofovir-DF ☐ Lopinavir/ritonavir ☐ Raltegravir ☐ Other
Please specify "Other".	
For how many weeks are these drugs given? If different drugs are given for different durations, please explain.	
What is the title of category 3 (e.g. high risk, low risk or very low risk)?	
Please state the criteria used to classify an infant into this category.	



How many (if any) different postnatal prophylaxis drugs are given to an infant in category 3?	 No postnatal prophylaxis drugs used Single drug postnatal prophylaxis used Combination postnatal prophylaxis drugs used 	
When a single drug is used for postnatal prophylaxis, which one do you most routinely recommend?	 ✓ Zidovudine ✓ Lamivudine ✓ Nevirapine ✓ Abacavir ✓ Tenofovir-DF ✓ Lopinavir/ritonavir ✓ Raltegravir ✓ Other 	
Please specify "Other".		
For how many weeks is this drug given?		
When a combination of postnatal prophylaxis drugs are used, which ones do you most routinely recommend? Select all that apply	☐ Zidovudine ☐ Lamivudine ☐ Nevirapine ☐ Abacavir ☐ Tenofovir-DF ☐ Lopinavir/ritonavir ☐ Raltegravir ☐ Other	
Please specify "Other".		
For how many weeks are these drugs given? If different drugs are given for different durations, please explain.		
What is the title of category 4 (e.g. high risk, low risk or very low risk)?		
Please state the criteria used to classify an infant into this category.		
How many (if any) different postnatal prophylaxis drugs are given to an infant in category 4?	 No postnatal prophylaxis drugs used Single drug postnatal prophylaxis used Combination postnatal prophylaxis drugs used 	
When a single drug is used for postnatal prophylaxis, which one do you most routinely recommend?	 Zidovudine Lamivudine Nevirapine Abacavir Tenofovir-DF Lopinavir/ritonavir Raltegravir Other 	
Please specify "Other".		

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For how many weeks is this drug given?	
When a combination of postnatal prophylaxis drugs are used, which ones do you most routinely recommend?	☐ Zidovudine ☐ Lamivudine ☐ Nevirapine
Select all that apply	☐ Abacavir ☐ Tenofovir-DF ☐ Lopinavir/ritonavir ☐ Raltegravir ☐ Other
Please specify "Other".	
For how many weeks are these drugs given? If different drugs are given for different durations, please explain.	
Are the doses of drugs recommended for postnatal prophylaxis the same as those recommended for treatment of confirmed HIV in infants?	
Please specify how the drug dosing differs.	
Is a modification to choice, dose or duration of postnatal prophylaxis recommended in the case of prematurity?	
Please summarise the modification.	
Do the guidelines you follow allow/support the breastfeeding of an infant born to a mother living with HIV?	○ Yes○ No○ Not specified
Please state the prerequisite maternal criteria in which breastfeeding with HIV is allowed/supported.	
If a decision to breastfeed is made, what are the recommendations in relation to the laboratory monitoring of the mother during breastfeeding?	
Are the recommendations for postnatal prophylaxis different for a breast-fed infant compared to a non-breast-fed infant?	○ Yes ○ No
Please specify the differences.	
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At which time points is a non-breast-fed infant tested for HIV, and which tests are used at each time point (e.g. RNA PCR, DNA PCR, Ab/Ag)?		
At which time points is a breast-fed infant tested for HIV, and which tests are used at each time point (e.g. RNA PCR, DNA PCR, Ab/Ag)?		
If a breastfeeding mother is found to have a detectable viral load, what are the recommendations in terms of infant feeding, testing and postnatal prophylaxis?		
If not included in the guidelines previously uploaded, please upload the guidelines/recommendations you follow in relation to the breastfeeding of an infant born to a mother with HIV.		
Is there a national and/or regional surveillance system for HIV in pregnancy in your country?	○ Yes ○ No	
Please provide a link to the website or provide the contact details of the national and/or regional surveillance system.		
Would you like to be involved in potential publications for this survey?		
Any comments?		

