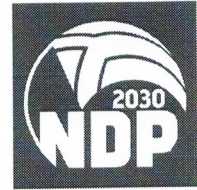




# health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



**Enquiries:**

Stock queries:  
Ms Babalwa Melitafa  
E-mail: [Babalwa.Melitafa@health.gov.za](mailto:Babalwa.Melitafa@health.gov.za)

Clinical queries:  
Essential Drugs Programme  
E-mail : [SAEDP@health.gov.za](mailto:SAEDP@health.gov.za)

**Reference: AMD/EDP/27022026**

**NOTICE: AVAILABILITY OF NEVIRAPINE 50MG/5ML SUSPENSION 100ML AND 240ML**

Nevirapine (NVP) suspension, together with zidovudine (AZT) syrup, is indicated for infants as part of the Prevention of Mother to Child Transmission (PMTCT) programme<sup>1</sup>.

There is currently a shortage of NVP 50mg/5ml suspension. The shortage has arisen due to manufacturing constraints reported by the suppliers, which have resulted in delayed production and limited availability of stock. Although the suppliers are committed to resuming supply in April, these timelines remain uncertain.

**Dosing of NVP and AZT<sup>1</sup> as per the Paediatric Hospital Level Standard Treatment Guidelines:**

Newborns > 2kg and term infants:

Infant Age/weight	NVP dose (daily)	AZT dose (Twice daily)
<i>Birth to 6 weeks</i>		
2.0 – 2.49kg	1ml (10mg) daily	1ml (10mg) twice daily
>2.5kg	1.5ml (15mg) daily	1.5ml (15mg) twice daily
<i>6 weeks – 6 months</i>		
	2ml (20mg) daily	6ml (60mg) twice daily

Premature newborn <2 kg:

Weight	1 <sup>st</sup> 2 weeks after birth (mg of NVP)	After 1 <sup>st</sup> 2 weeks after birth (mg of NVP)
500 to < 625 g	1 mg	2 mg
625 to < 850 g	1.5 mg	3 mg
850 to < 1 200 g	2 mg	4 mg
1.2 to < 1.5 kg	3 mg	5 mg
1.5 to < 1.9 kg	3.5 mg	6 mg

If infant at time of discharge is severely underweight for age (3 SD or 3 z-score below the mean) give NVP according to weight (i.e. 4 mg/kg/dose daily) until in the normal weight for age range.

For the period with low/no stock of Nevirapine 50mg/5ml suspension, lamivudine can be used as the alternative. The following guidance is shared with the kind permission of the Western Cape Department of Health and Wellness, whose contribution is gratefully acknowledged.

**Please note: this is a short-term intervention while stock availability stabilizes.**

<sup>1</sup> Standard Treatment Guidelines and Essential Medicines List: Paediatric Hospital Level 2023 Edition, chapter 9: HIV. Available online at <https://www.health.gov.za/nhi-edp-stqs-eml/>

## CLINICAL GUIDANCE

- All HIV-exposed infants should be started on dual prophylaxis (AZT and NVP, or AZT and 3TC), until **mother's delivery viral load is available**.
- A full 6 weeks of dual prophylaxis (AZT and NVP, or AZT and 3TC) should be supplied.
- Ask mother to return with all medication at the 6-day post-natal visit and continue correct prophylaxis after reviewing the result of the mother's HIV viral load taken at delivery, and after checking the infant's HIV PCR result done at delivery.

The following table outlines the prophylaxis durations according to infant risk profile aligned with the 2023 *Guideline for Vertical Transmission Prevention of Communicable Infections (National Department of Health)*.

Summary of infant prophylaxis regimens			
	Risk Profile	NVP <sup>1</sup> or 3TC <sup>2</sup>	AZT <sup>3</sup>
At birth (following maternal delivery VL review)	Low-risk, whether breastfed or formula-fed	6 weeks	Stop AZT
	Higher-risk and breastfed	minimum of 12 weeks	6 weeks
	Higher-risk and exclusively formula fed	6 weeks	6 weeks
During breastfeeding	Higher-risk during breastfeeding	minimum of 12 weeks	6 weeks

<sup>1</sup>Nevirapine (NVP) is first choice. If not available, lamivudine will be used.

<sup>2</sup>Lamivudine (3TC)

<sup>3</sup>Zidovudine (AZT)

## LAMIVUDINE DOSING GUIDANCE

### 1. Lamivudine HIV prophylaxis in infants $\geq 2$ kg AND $>37$ weeks gestational age at birth

Lamivudine solution (10mg/ml)		
Age	Weight	Dose
Birth to 6 weeks	$\geq 2$ – $<3$ kg at birth	0.5 ml (5 mg) 12 hourly
	$\geq 3$ – $<4$ kg at birth	0.8 ml (8 mg) 12 hourly
	$\geq 4$ – $<5$ kg at birth	1.0 ml (10 mg) 12 hourly
Children $> 6$ weeks of age requiring 3TC prophylaxis should use treatment doses.	$< 3$ kg	4 mg/kg/dose (0.4 ml/kg/dose) 12 hourly
	3- 5.9 kg	3 ml (30 mg) 12 hourly
	6- 9.9 kg	4 ml (40 mg) 12 hourly
	10-13.9 kg	6 ml (60 mg) 12 hourly

### 2. Lamivudine HIV prophylaxis in infants $<2$ kg OR $<37$ weeks gestational age at birth

Gestational age at birth	Current age	Lamivudine (3TC) solution (10mg/ml)
$< 30$ weeks	Birth - $< 8$ weeks	2 mg/kg/dose (0.2 ml/kg/dose) 12 hourly
	8 weeks - $< 10$ weeks	4 mg/kg/dose (0.4 ml/kg/dose) 12 hourly
30 - $< 35$ weeks	Birth - $< 4$ weeks	2 mg/kg/dose (0.2 ml/kg/dose) 12 hourly
	4 - $< 8$ weeks	4 mg/kg/dose (0.4 ml/kg/dose) 12 hourly
35 - $< 37$ weeks	Birth - $< 4$ weeks	2 mg/kg/dose (0.2 ml/kg/dose) 12 hourly

Please contact the Medicines Information Centre (0800 212 506) for advice on calculations

**Circular dissemination:**

Provinces and healthcare facilities are requested to distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees and all other relevant stakeholders.

Kind regards

*K. Jamaloodien*

**MS KHADIJA JAMALOODIEN**  
**CHIEF DIRECTOR: SECTOR-WIDE PROCURMENT**  
**DATE: 27/2/2026**