



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Reference: AMD/EDP/07052026

Enquiries:

Stock queries:

Ms Babalwa Melitafa

E-mail:

Babalwa.Melitafa@health.gov.za

Contracting queries:

Ms Marione Schonfeldt

E-mail:

Marione.Schonfeldt@health.gov.za

Clinical queries:

Essential Drugs Programme

E-mail: SAEDP@health.gov.za

NOTICE: AVAILABILITY OF ZIDOVIDINE 50MG/5ML SYRUP

Zidovudine (AZT) syrup, together with Nevirapine (NVP) suspension, is indicated for infants as part of the Vertical Transmission Prevention (VTP) programme.^{1,2}

There is currently supply constraint with AZT 50mg/5ml syrup. The shortage has arisen due to manufacturing constraints reported by the suppliers, which have resulted in delayed production and limited availability of stock. Stock is expected to be available toward the end of June 2026.

VTP dosing of NVP and AZT³ 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 st 2 weeks after birth (mg of NVP)	After 1 st 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 Zidovudine 50mg/5ml syrup, lamivudine can be used as the alternative. The following guidance⁴ is proposed:

- All HIV-exposed infants should be started on dual prophylaxis (AZT and NVP; **OR** NVP and 3TC), until **mother's delivery viral load is available**.
- A full 6 weeks of dual prophylaxis (AZT and NVP; **OR** NVP and 3TC) should be supplied.

¹ 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-stgs-eml/>

² National Consolidated Guidelines: For the Prevention and Management of HIV and Adults, Adolescents, Children, Infants and Pregnant & Breastfeeding Women. January 2026. <https://sahivsoc.org/Files/National%20Consolidated%20Guidelines%2004-03-2026.pdf>

³ 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-stgs-eml/>

⁴ Dosing Guidance adapted from circular: Notice: Availability of Nevirapine 50mg/ml suspension. AMD/EDP/27022026. February 2026.

NOTICE: AVAILABILITY OF ZIDOVUDINE 50MG/5ML SYRUP

- 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 ¹	AZT ² or 3TC ³
At birth (following maternal delivery VL review)	Low-risk, whether breastfed or formula-fed	6 weeks	Stop AZT or 3TC
	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

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

² Zidovudine (AZT)

³ Lamivudine (3TC)

LAMIVUDINE DOSING GUIDANCE

1. Lamivudine HIV prophylaxis in infants ≥ 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

Please note: This is a short-term intervention while stock availability stabilises.

Nevirapine solution

The stock constraint around nevirapine solution has been resolved, and stock is available for ordering. See product details below:

Product	Contract	NSN	Supplier
Nevirapine; 50mg/5ml; Suspension; 100 ml	HP13-2025ARV	181871672	Cipla Medpro Manufacturing (Pty) Ltd
Nevirapine; 50mg/5ml; Suspension; 240 ml	HP13-2025ARV	180387396	Aurobindo Pharma (Pty) Ltd

Lamivudine solution

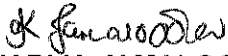
Lamivudine solution is available on contract, see product details below:

Product	Contract	NSN	Supplier
Lamivudine; 10mg/ml; Solution; 240 ml	HP13-2025ARV	180205026	Aurobindo Pharma (Pty) Ltd

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



MS KHADIJA JAMALOODIEN

CHIEF DIRECTOR: HEALTH PRODUCTS PROCUREMENT

DATE: 21/5/2026