分娩時（中）のジドブジン投与について

分娩時のジドブジン IV の投与方法は、ACTG076 のプロトコールに合わせて推奨されているもので、MMWR の記載は下記の BOX2 に示されています。

「分娩時（中）：前投与(loading dose)として体重 1kg 当り ZDV 2mg を 1 時間で静脈内投与したあと、持続投与で体重 1kg 当り毎時 1 mg を分娩終了まで続ける。」とされており、前投与（1 時間）終了時（すなわち血中濃度がピークとなったとき）に、帝王切開を開始すると解釈するのが適当であると考えます。

　但し、ジドブジン IV の使い方について、米国の最新のガイドラインでは妊婦の cART の状況と治療効果・アドヒアランスの状態によって、血中 HIV-1RNA 量 1000copies/ml を基準に判定し、下記の記載の様になっていますので参考にしてください。

Recommendations of the U.S. Public Health Service Task Force on the Use of Zidovudine to Reduce Perinatal Transmission of Human Immunodeficiency Virus

Vol. 43 / No. RR-11, MMWR August5, 1994 より引用

BOX 2. Zidovudine regimen from AIDS Clinical Trials Group Protocol 076

・Oral administration of 100 mg of zidovudine (ZDV) five times daily, initiated at14-34 weeks of gestation and continued throughout the pregnancy.

・During labor, intravenous administration of ZDV in a 1-hour loading dose of 2mg per kg of body weight, followed by a continuous infusion of 1 mg per kg of body weight per hour until delivery.

・Oral administration of ZDV to the newborn (ZDV syrup at 2 mg per kg of bodyweight per dose every 6 hours) for the first 6 weeks of life, beginning 8-12 hoursafter birth.

Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States

http://aidsinfo.nih.gov/contentfiles/lvguidelines/PerinatalGL.pdf

Intrapartum Care　(Last updated March 28, 2014; last reviewed March 28, 2014)

Intrapartum Antiretroviral Therapy/Prophylaxis　より引用

Panel's Recommendations

・Women should continue their antepartum combination antiretroviral (ARV) drug regimen on schedule as much as possible during labor and before scheduled cesarean delivery (AIII).

・Intravenous (IV) zidovudine should be administered to HIV-infected women with HIV RNA >1,000 copies/mL (or unknown HIV RNA)near delivery (AI), but is not required for HIV-infected women receiving combination ARV regimens who have HIV RNA ≤1,000copies/ mL consistently during late pregnancy and near delivery and no concerns regarding adherence to the regimen (BII).

・For women who have suboptimal viral suppression near delivery (i.e., HIV RNA >1,000 copies/mL), scheduled cesarean delivery is recommended (see Transmission and Mode of Delivery) (AI).

・Women whose HIV status is unknown who present in labor should undergo rapid HIV antibody

testing (AII). If the results are positive, a confirmatory HIV test should be done as soon as possible and maternal (IV zidovudine) / infant (combination ARV prophylaxis) ARV drugs should be initiated pending results of the confirmatory test (AII). If the confirmatory HIV test is positive, infant ARV drugs should be continued for 6 weeks (see Infant Antiretroviral Prophylaxis) (AI); if the confirmatory HIV test is negative, the infant ARV drugs should be stopped.

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