

S1 Table: ART and PMTCT eligibility criteria and regimens in Nigeria, 2007-2014

	2007 National Guidelines	2010 National Guidelines		2014 National Guidelines
PMTCT Eligibility Criteria/PMTCT Regimens				
Mother	WHO Clinical Stage I, II with CD4 ⁺ cell count >200 cells/mm ³ ; WHO Clinical Stage III with CD4 ⁺ cell count >350 cells/mm ³ <u>Antepartum</u> Give AZT from 28 weeks of gestation or AZT+3TC from 34-36 weeks of gestation <u>Intrapartum</u> SdNVP +AZT+3TC at onset of labour <u>Postpartum</u> AZT+3TC for 7 days	Health Facility CAN monitor triple ARV (<i>Option B</i>) WHO Clinical Stage I or II with CD4 ⁺ cell count >350 cells/mm ³ , Give AZT+ 3TC +EFV or NVP or LPV/r; TDF+ 3TC+ EFV from 14 weeks of gestation up to 1-week post cessation of breast-feeding	Health Facility CANNOT monitor triple ARV (<i>Option A</i>) WHO Clinical Stage I or II with CD4 ⁺ cell count >350 cells/mm ³ Give AZT from 14 weeks gestation, sdNVP at onset of labour and delivery, AZT+3TC 12hourly during labour and delivery and 12 hourly for 7 days post-partum <u>Not Breast-feeding</u> NVP at birth (preferably within 72 hours) up to 6 weeks of age <u>Breast-feeding</u> NVP at birth (preferably within 72 hours) up to 1-week post cessation of breastfeeding	WHO Clinical Stage I or II with CD4 ⁺ cell count >500 cells/mm ³ Give TDF/3TC/EFV at the time of diagnosis up to 1-week post-cessation of breast-feeding NVP at birth (preferably within 72 hours) up to 6 weeks of age.
*Infant	sdNVP at birth (preferably within 72 hours) plus AZT for 6 weeks.	NVP at birth (preferably within 72 hours) up to 6 weeks of age.		
ART Eligibility Criteria/ART Regimens				
Mother	WHO Clinical Stage IV irrespective of CD4 ⁺ cell count WHO Clinical Stage III if CD4 ⁺ cell count < 350 cells/mm ³ WHO Clinical Stage I and II if CD4 ⁺ cell count is ≤ 200 cells/mm ³ Give AZT+ 3TC +EFV or NVP or LPV/r	WHO clinical stages III or IV irrespective of CD4 ⁺ cell count and CD4 ⁺ cell count ≤350 cells/mm ³ irrespective of WHO clinical staging Give AZT+3TC+LPV/r or EFV or ABC;	WHO clinical stages III or IV irrespective of CD4 ⁺ cell count and CD4 ⁺ cell count ≤350 cells/mm ³ irrespective of WHO clinical staging Give AZT+3TC+LPV/r or EFV or ABC; TDF+3TC or FTC + EFV	WHO clinical stages III or IV irrespective of CD4 ⁺ cell count and CD4 ⁺ cell count ≤500 cells/mm ³ irrespective of WHO clinical staging Give TDF/3TC/EFV

	2007 National Guidelines	2010 National Guidelines		2014 National Guidelines
Infant	WHO pediatric HIV Clinical Stage III or IV irrespective of CD4+% WHO pediatric HIV Clinical Stage II if CD4+% < 20% Give AZT+3TC+NVP or EFV. ABC+3TC+NVP or EFV d4T+3TC+NVP or EFV	TDF+3TC or FTC + EFV		
		All infants ≤ 2 years	All infants ≤ 2 years	All infants ≤ 5 years
		Give AZT+3TC+NVP or LPV/r or ABC or EFV. ABC+3TC+NVP or LPV/r d4T+3TC+NVP or LPV/r	Give AZT+3TC+NVP or LPV/r or ABC or EFV. ABC+3TC+NVP or LPV/r d4T+3TC+NVP or LPV/r	Give AZT+3TC+NVP or LPV/r or ABC or EFV

3TC, Lamivudine; ABC, Abacavir; ARV, Antiretroviral drug; AZT, Zidovudine; CTX, Co-trimoxazole; FTC, Emtricitabine; LPV/r, Lopinavir/ritonavir; NVP, Nevirapine; sdNVP, single dose; Stavudine, d4T; Tenofovir, TDF; WHO, World Health Organization. *Initiate CTX at 6 weeks and continue until infant is confirmed to be HIV negative post-cessation of breast-feeding

NB: SH Yola and FMC Yola commenced implementation of 2007 National guidelines in September 2007 and January 2008, respectively; while the implementation of Option B of 2010 National Guidelines commenced in February 2010 at the two health facilities

