

Annex 1. Scoping Questions

The following scoping questions were agreed upon by an internal WHO guideline working group. For each question, a GRADE profile was prepared (see Annex 4). However, because there was limited data for each of questions 2 and 3, only one GRADE profile was prepared to cover both age groups.

1. In infants born to HIV-infected mothers
 - a. Who are on lifelong ART
 - b. Who are known to have CD4 counts >200, >350 but not on ART, or
 - c. Whose CD4 count is unknown

Does exclusive breastfeeding up to 6 months of life, in the absence/presence of a prophylactic ARV intervention, compared to mixed breastfeeding/replacement feeding for the first 6 months of life, result in better HIV-free survival of the infant at 18 months of age?

2. In infants born to HIV-infected mothers
 - a. Who are on lifelong ART, or
 - b. Who are known to have CD4 counts >200, >350 but not on ART, or
 - c. Whose CD4 count is unknown

And who have breastfed for the first 6 months of life, does continued breastfeeding until 12 months of life, in the absence/presence of a prophylactic ARV intervention, compared to replacement feeding between 6 and 12 months of life, result in better HIV-free survival of the infant at 18 months of age?

3. In infants born to HIV-infected mothers
 - a. Who are on lifelong ART, or
 - b. Who are known to have CD4 counts >200, >350 but not on ART, or
 - c. Whose CD4 count is unknown

And who have breastfed for the first 12 months of life, does continued breastfeeding until 18 months of life, in the absence/presence of a prophylactic ARV intervention, compared to replacement feeding between 12 and 18 months of life result in better HIV-free survival of the infant at 18 months of age?

4. In infants born to HIV-infected mothers and who have been breastfed for some period in the first months of life, does abrupt cessation of breastfeeding, e.g. in 2-3 days compared to cessation of breastfeeding accomplished over a period of weeks/months, result in greater serious morbidity and mortality in the infant by 12 or 18 months of age?

5. Are replacement feeds other than commercial infant formula milk sufficient to support normal growth and development of HIV-exposed infant 6-12 months of age living in resource limited settings?

6. In infants born to HIV-infected mothers, does the use of replacement feeding, when offered in settings where
 - a. safe water and sanitation cannot be assured at household/community level

- b. there is uncertainty that sufficient formula can be provided over the first 6/12 months of life
 - c. the physical conditions to safely prepare replacement feeds are not available
 - d. the mother/caregiver are not prepared to avoid mixed feeding
- result in increased mortality in the first 18 months of life?
7. In infants born to HIV-infected mothers, can heat-treated (maternal) breast milk be given without transmitting HIV infection and achieve normal growth?
8. In infants born to HIV-infected mothers, and who become HIV-infected despite the possible availability of prophylactic interventions, does breastfeeding compared to replacement feeding, with or without ART being initiated in the infant, result in better survival at 12 or 18 months of age?
9. In HIV-infected mothers, with or without ARV interventions, does breastfeeding for 6 months, 12 months, 24 months compared to using replacement feeds during the same intervals, result in greater than expected weight loss, increased maternal mortality, increased deterioration of CD4 counts, increased progression to AIDS?