

## Protocol Clarification Memorandum #3 for:

### HPTN 046: A PHASE III TRIAL TO DETERMINE THE EFFICACY AND SAFETY OF AN EXTENDED REGIMEN OF NEVERAPINE IN INFANTS BORN TO HIV-INFECTED WOMEN TO PREVENT VERTICAL HIV TRANSMISSION DURING BREAST-FEEDING, VERSION 3.0, DATED 26 SEPTMEBER 2007

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#### *Summary of Revisions and Rationale*

In addition to the typical childhood illnesses specified in Section 7.0, the following childhood illnesses will not be reported as adverse events: infantile colic pain, oral thrush, gastrointestinal reflux and constipation. The exceptions are if these illnesses result in hospitalization or death. These illnesses will be recorded in participant source records and captured in the interim medical history and physical examination findings.

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#### *Implementation*

The procedures clarified in this memorandum have been approved by the NIAID Medical Officer. IRB approval of this Clarification Memorandum is not required by the sponsor prior to implementation; however sites may submit it to the responsible IRBs/ECs for their information or, if required by the IRBs/ECs, for their approval prior to implementation.

The modification included in this Clarification Memorandum will be incorporated into the next full protocol amendment.

Text appearing below in bold will be added to the protocol.

*Section 7.0 Safety Monitoring and Adverse Event Reporting, paragraph nine.*

The following typical childhood illnesses will be recorded in participant source records and captured in the study database as interim medical history or physical examination findings, but will not be reported separately as adverse experiences: diaper rash, otitis media, **infantile colic pain, oral thrush, gastrointestinal reflux, constipation** and afebrile upper and lower respiratory tract infections including bronchiolitis. However, if one of these conditions results in death, it will be reported as an SAE according to the procedures outlined above.