



CLINICAL GUIDELINES PROGRAM

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV · HCV · SUBSTANCE USE · LGBT HEALTH

Comprehensive Primary Care for Adults With HIV

February 2021

Table 6: Prophylaxis for Opportunistic Infections in Adults With HIV			
Opportunistic Infection	Indications for Initiation and Discontinuation of Primary Prophylaxis	Preferred and Alternative Agent(s)	Indications for Discontinuation of Secondary Prophylaxis
Cryptococcosis	<ul style="list-style-type: none"> Primary prophylaxis is not routinely recommended. 	N/A	<ul style="list-style-type: none"> CD4 count >100 to 200 cells/mm³ for ≥6 months Completed initial therapy, maintenance therapy for 1 year, and is asymptomatic for cryptococcosis
Cytomegalovirus	<ul style="list-style-type: none"> Primary prophylaxis is not routinely recommended. 	N/A	<ul style="list-style-type: none"> CD4 count >100 to 150 cells/mm³ for ≥6 months No evidence of active disease Engaged in routine ophthalmologic examination
<i>Mycobacterium avium</i> complex	<ul style="list-style-type: none"> Initiation: Not recommended for individuals on ART with an undetectable viral load or who are rapidly started on ART Discontinuation: Taking ART and CD4 count >100 cells/mm³ for ≥3 months 	<ul style="list-style-type: none"> Preferred: Azithromycin; clarithromycin Alternative: Rifabutin; azithromycin plus rifabutin 	<ul style="list-style-type: none"> Taking ART and CD4 count >100 cells/mm³ for ≥6 months At least 12 months of MAC treatment completed [a] Asymptomatic for MAC
<i>Pneumocystis jiroveci</i> pneumonia (formerly <i>Pneumocystis carinii</i> pneumonia)	<ul style="list-style-type: none"> Initiation: CD4 count <200 cells/mm³ (or <14%) or history of oropharyngeal candidiasis Discontinuation: Taking ART and CD4 count >200 cells/mm³ for ≥3 months 	<ul style="list-style-type: none"> Preferred: TMP/SMX single strength once daily Alternatives: <ul style="list-style-type: none"> – TMP/SMX double strength every other day – Dapsone [b] – Dapsone plus pyrimethamine plus leucovorin – Atovaquone – Aerosolized pentamidine 	<ul style="list-style-type: none"> Taking ART and CD4 count >200 cells/mm³ for ≥3 months Adequate viral suppression Continue prophylaxis if PJP occurs with CD4 count >200 cells/mm³ (or <14%) Consider stopping prophylaxis if viral load is suppressed for ≥3 months and CD4 count >100 cells/mm³

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<i>Toxoplasma gondii</i> encephalitis [a, c]	<ul style="list-style-type: none"> • Initiation: CD4 count <100 cells/mm³ and positive serology for <i>Toxoplasma gondii</i> (IgG+) • Discontinuation: Taking ART and CD4 count >100 cells/mm³ for ≥3 months 	<ul style="list-style-type: none"> • Preferred: TMP/SMX single strength once daily • Alternatives: <ul style="list-style-type: none"> – Dapsone [b] plus pyrimethamine plus leucovorin – Atovaquone with or without pyrimethamine plus leucovorin 	<ul style="list-style-type: none"> • Taking ART and CD4 count >200 cells/mm³ for ≥6 months • Initial therapy completed • Asymptomatic for TE • Also see <i>CDC, NIH, and IDSA Recommendations: Treating Opportunistic Infections Among HIV-Exposed and Infected Children</i>
<p>Abbreviations: ART, antiretroviral therapy; CDC, Centers for Disease Control and Prevention; IDSA, Infectious Diseases Society of America; IgG, immunoglobulin G; MAC, <i>Mycobacterium avium</i> complex; NIH, National Institutes of Health; PJP, <i>Pneumocystis jiroveci</i> pneumonia; TE, <i>Toxoplasma</i> encephalitis; TMP/SMX, trimethoprim/sulfamethoxazole.</p> <p>a. Obtaining blood cultures or bone marrow cultures may be advisable to ascertain disease activity.</p> <p>b. Screen for glucose-6-phosphate dehydrogenase (G6PD) deficiency before initiating dapsone.</p> <p>c. Lifelong prophylaxis to prevent recurrence is indicated in adults or adolescents with a childhood history of toxoplasmosis.</p>			