



Comprehensive Primary Care for Adults With HIV

December 2022

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	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	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 who are rapidly initiating ART or who are on ART and have an undetectable viral load 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 [b] 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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Opportunistic Infection	Indications for Initiation and Discontinuation of Primary Prophylaxis	Preferred and Alternative Agent(s)	Indications for Discontinuation of Secondary Prophylaxis
<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

Abbreviations: ART, antiretroviral therapy; G6PD, glucose-6-phosphate dehydrogenase; IgG, immunoglobulin G; MAC, *Mycobacterium avium* complex; PJP, *Pneumocystis jiroveci* pneumonia; TE, *Toxoplasma* encephalitis; TMP/SMX, trimethoprim/sulfamethoxazole.

Notes:

- Obtaining blood cultures or bone marrow cultures may be advisable to ascertain disease activity.
- Screen for G6PD deficiency before initiating dapsone.
- Lifelong prophylaxis to prevent recurrence is indicated in adults or adolescents with a childhood history of toxoplasmosis.