Table 4: Opportunistic Infection Prophylaxis for Adults With HIV [a]			
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	• Taking fully suppressive ART and CD4 count ≥100 cells/mm^3 • Completed initial therapy, maintenance therapy for 1 year, and asymptomatic for cryptococcal infection
Cytomegalovirus	Primary prophylaxis is not routinely recommended.	N/A	• Taking ART and CD4 count >100 cells/mm^3 for >3 to 6 months • Completed 3 to 6 months of CMV treatment • No evidence of active disease • Engaged in routine ophthalmologic examination
***Mycobacterium avium* complex**	**Initiation:** Use only if CD4 count is <50/cells mm^3 and patient does not initiate ART. Not recommended for individuals who are initiating ART or are taking ART and have an undetectable viral load. **Discontinuation:** Taking fully suppressive ART	**Preferred:** Azithromycin (weekly) or clarithromycin (twice daily)	• Taking ART and CD4 count >100 cells/mm^3 for >6 months • At least 12 months of MAC treatment completed [b] • Asymptomatic for MAC
***Pneumocystis jirovecii* pneumonia** (formerly *Pneumocystis carinii* pneumonia)	**Initiation:** CD4 count <200 cells/mm^3 (or <14%) or history of oropharyngeal candidiasis **Discontinuation:** Taking ART and CD4 count ≥200 cells/mm^3 for ≥3 months	**Preferred:** TMP/SMX single strength once daily **Alternatives:** • TMP/SMX double strength every other day • Dapsone [c] • Dapsone [c] plus pyrimethamine plus leucovorin • Atovaquone • Aerosolized pentamidine	• Taking ART and CD4 count >200 cells/mm^3 for >3 months • Adequate viral suppression • Continue prophylaxis if PJP occurs with CD4 count >200 cells/mm^3 (or <14%) • Consider stopping prophylaxis if viral load is suppressed and CD4 count is stably >100 to 200 cells/mm^3 for 3 to 6 months
***Toxoplasma gondii* encephalitis** [b,d]	**Initiation:** CD4 count <100 cells/mm^3 and positive serology for *Toxoplasma gondii* (IgG+) **Discontinuation:** Taking ART and CD4 count >200 cells/mm^3 for >3 months	**Preferred:** TMP/SMX double strength once daily **Alternatives:** • TMP/SMX double strength every other day • TMP/SMX single strength once daily • Dapsone [c] plus pyrimethamine plus leucovorin • Atovaquone with or without pyrimethamine plus leucovorin	• Taking ART and CD4 count >200 cells/mm^3 for >6 months • Initial therapy completed • Asymptomatic for TE

Table 4: Opportunistic Infection Prophylaxis for Adults With HIV [a]			
Opportunistic Infection	**Indications for Initiation and Discontinuation of Primary Prophylaxis**	**Preferred and Alternative Agent(s)**	**Indications for Discontinuation of Secondary Prophylaxis**

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

Notes:

a. Source: U.S. Department of Health and Human Services: Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents With HIV.
b. Obtaining blood cultures or bone marrow cultures may be advisable to ascertain disease activity.
c. Screen for G6PD deficiency before initiating dapsone.
d. Lifelong prophylaxis to prevent recurrence is indicated in adults or adolescents with a childhood history of toxoplasmosis.