

MANAGEMENT OF ACUTE OIS IN THE SETTING OF RECENTLY INITIATED HAART

Specific guidelines have not been developed regarding management options for patients who develop an acute OI shortly after HAART is initiated. Management generally depends on the degree of virologic and immunologic disease progression prior to initiation of HAART, the virologic and immunologic benefit resulting from HAART, the duration of HIV disease prior to and time since starting HAART, and the potential for drug-drug interactions between the HAART regimen and the treatment needed for the OI.

OIs that develop after patients have been started on HAART can be categorised into three groups. The first group includes OIs that occur shortly after initiating HAART (within twelve weeks). These cases are thought to represent an IRS against a previously undiagnosed subclinical infection and are therefore not considered to represent early failure of HAART.

The second group includes the rare reports of OIs occurring more than twelve weeks after initiation of therapy among patients despite fully suppressed HIV RNA levels and sustained CD4+ T cell counts of >200 cells/mm³. It is difficult to determine whether these represent late IRS versus a new OI. The presence of organisms by stain and culture suggests that, in either situation, specific therapy is indicated.

The third group includes OIs that develop among patients who are experiencing virologic and immunologic failure while on HAART. These represent a clinical failure of HAART.