

**PROPHYLAXIS TO PREVENT RECURRENCE OF OPPORTUNISTIC DISEASE (AFTER CHEMOTHERAPY FOR ACUTE DISEASE) IN ADULTS AND ADOLESCENTS WITH HIV INFECTION**

		PREVENTIVE REGIMENS	
PATHOGEN	INDICATION	FIRST CHOICE	ALTERNATIVES
<i>Pneumocystis jiroveci</i> (PCP) (formerly known as <i>Pneumocystis carinii</i> )	Prior episode of <i>P. jiroveci</i> pneumonia (PCP)	TMP-SMX, 1 DS po q.d  TMP-SMX 1 SS po q.d	Dapsone, 50mg po b.i.d or 100mg po q.d  Dapsone, 50mg po q.d plus pyrimethamine, 50mg po q.w plus leucovorin, 25mg po q.w  Dapsone, 200mg po plus pyrimethamine, 75mg po plus leucovorin, 25mg po q.w  Aerosolised pentamidine, 300mg q.m via Respirgard II™ nebuliser  Atovaquone, 1,500mg po q.d  TMPSMX, 1 DS po t.i.w
<i>T. gondii</i> <sup>1</sup>	Prior toxoplasmic encephalitis	Sulfadiazine, 500-1,000mg po q.i.d plus pyrimethamine, 25-50mg po q.d plus leucovorin, 10-25mg po q.d	Clindamycin, 300-450mg po q6-8h plus pyrimethamine, 25-50mg po q.d plus leucovorin, 10-25mg po q.d  Atovaquone, 750mg po q6-12h with or without pyrimethamine, 25mg po q.d plus leucovorin, 10mg po q.d
MAC <sup>2</sup>	Documented disseminated disease	Clarithromycin <sup>2</sup> , 500mg po b.i.d plus ethambutol (EMB), 15mg/kg po q.d; with or without rifabutin, 300mg po q.d	Azithromycin, 500mg po q.d plus EMB, 15mg/kg po q.d; with or without rifabutin, 300mg po q.d

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Cytomegalovirus (CMV)	Prior end-organ disease	Ganciclovir, 5-6mg /kg/day IV 5-7 days/week or 1,000mg po t.i.d Foscarnet, 90-120mg/kg IV q.d (For retinitis) ganciclovir sustained-release implant q6-9m plus ganciclovir, 1.0-1.5g po t.i.d	Cidofovir, 5mg/kg IV q.o.w with probenecid 2g po 3 hours before the dose followed by 1g po 2 hours after the dose, and 1g po 8 hours after the dose (total of 4g). Fomivirsen 1 vial (330µg) injected into the vitreous, then repeated q2-4w Valganciclovir, 900mg po q.d
<i>C. neoformans</i>	Documented disease	Fluconazole, 200mg po q.d (AI)	Amphotericin B, 0.6-1.0mg/kg IV q.w.-t.i.w Itraconazole, 200mg capsule po q.d
<i>H. capsulatum</i>	Documented disease	Itraconazole capsule, 200mg po b.i.d (AI)	Amphotericin B, 1.0mg /kg IV q.w (AI)
<i>Coccidioides immitis</i>	Documented disease	Fluconazole, 400mg po q.d (AII)	Amphotericin B, 1.0mg/kg IV q.w Itraconazole, 200mg capsule po b.i.d
<i>Salmonella</i> Species, (non-typhi) <sup>3</sup>	Bacteraemia	Ciprofloxacin, 500mg po b.i.d for several months	Antibiotic chemoprophylaxis with another active agent
<b>Recommended Only if Subsequent Episodes Are Frequent or Severe</b>			
Herpes simplex Virus (HSV)	Frequent/severe recurrences	Acyclovir, 200mg po t.i.d or 400mg po b.i.d Famciclovir, 250mg po b.i.d	Valacyclovir, 500mg po b.i.d
<i>Candida</i> (oropharyngeal or vaginal)	Frequent/severe recurrences	Fluconazole, 100-200mg po q.d	Itraconazole solution, 200mg po q.d
<i>Candida</i> (oesophageal)	Frequent/severe recurrences	Fluconazole, 100-200mg po q.d	Itraconazole solution, 200mg po q.d

**NOTES:** The Respirgard II™ nebuliser is manufactured by Marquest, Englewood, Colorado, USA.

<sup>1</sup>Pyrimethamine-sulfadiazine confers protection against PCP as well as toxoplasmosis; clindamycin-pyrimethamine does not offer protection against PCP.

<sup>2</sup>Many multiple-drug regimens are poorly tolerated. Drug interactions (e.g. those seen with clarithromycin and rifabutin) can be problematic; rifabutin has been associated with uveitis, especially when administered at daily doses of >300mg or concurrently with fluconazole or clarithromycin. During pregnancy, azithromycin is recommended instead of clarithromycin because clarithromycin is teratogenic in animals.

<sup>3</sup>Efficacy for eradication of *Salmonella* has been demonstrated only for ciprofloxacin.