

TABLE 226-11 NIH/CDC/IDSA 2013 GUIDELINES FOR THE PREVENTION OF OPPORTUNISTIC INFECTIONS IN PERSONS INFECTED WITH HIV

Pathogen	Indications	First Choice(s)	Alternatives			
Recommended as Standard of Care for Primary and Secondary Prophylaxis						
<i>Pneumocystis jiroveci</i>	CD4+ T cell count <200/ μ L	Trimethoprim/sulfamethoxazole (TMP/SMX), 1 DS tablet qd PO	Dapsone 50 mg bid PO or 100 mg/d PO			
	or		or			
	Oropharyngeal candidiasis	or	Dapsone 50 mg/d PO + Pyrimethamine 50 mg/week PO + Leucovorin 25 mg/week PO			
	or		or			
	Prior bout of PCP		Leucovorin 25 mg/week PO			
	May stop prophylaxis if CD4+ T cell count >200/ μ L for \geq 3 months	TMP/SMX, 1 SS tablet qd PO	or (Dapsone 200 mg PO + Pyrimethamine 75 mg PO + Leucovorin 25 mg) weekly PO			
			or Aerosolized pentamidine, 300 mg via Respigard II nebulizer every month			
			or Atovaquone 1500 mg/d PO			
			or TMP/SMX 1 DS tablet 3 \times /week PO			
<i>Mycobacterium tuberculosis</i>	Isoniazid sensitive	Skin test >5 mm or Positive IFN- γ release assay or Prior positive test without treatment or Close contact with case of active pulmonary TB	(Isoniazid 300 mg PO + Pyridoxine 25 mg PO) qd \times 9 months or Isoniazid 900 mg PO twice weekly + Pyridoxine 25 mg PO daily \times 9 months			
				Drug resistant	Same with high probability of exposure to drug-resistant TB	Consult local public health authorities
<i>Mycobacterium-avium</i> complex	CD4+ T cell count <50/ μ L	Azithromycin 1200 mg weekly PO or 600 mg twice weekly PO	Rifabutin (dose adjusted based upon cART regimen)			
	or	Clarithromycin 500 mg bid PO				
	Prior documented disseminated disease	Clarithromycin 500 mg bid PO + Ethambutol 15 (mg/kg)/d PO	Azithromycin 500–600 mg/d PO + Ethambutol 15 (mg/kg)/d PO			
	May stop prophylaxis if CD4+ T cell count >100/ μ L for \geq 6 months					
<i>Toxoplasma gondii</i>	TOXO IgG antibody positive and CD4+ T cell count <100/ μ L	TMP/SMX 1 DS tablet PO qd	TMP/SMX 1 DS 3 \times weekly PO			
			or			
			TMP/SMX, 1 SS PO daily			
			or			
			Dapsone 50 mg/d PO + Pyrimethamine 50 mg weekly PO + Leucovorin 25 mg weekly PO			
			or			
			(Dapsone 200 mg PO + Pyrimethamine 75 mg PO + Leucovorin 25 mg PO) weekly			
			or			
			Atovaquone 1500 mg PO daily \pm (Pyrimethamine 25 mg PO + Leucovorin 10 mg PO) daily			
			or			
	Prior toxoplasmic encephalitis and CD4+ T cell count <200/ μ L	Sulfadiazine 2000–4000 mg in 2–4 divided doses daily PO + Pyrimethamine 25–50 mg/d PO + Leucovorin 10–25 mg/d PO	Clindamycin 600 mg q8h PO + Pyrimethamine 25–50 mg/d PO + Leucovorin 10–25 mg/d PO			
			or			

(Continued)