

Pathogen	Indications	First Choice(s)	Alternatives
<i>Toxoplasma gondii</i>	May stop prophylaxis if CD4+ T cell count >200/ μ L for \geq 3 months		TMP/SMX 1 DS tablet bid or Atovaquone 750–1500 mg PO bid \pm (Pyrimethamine 25 mg/d PO + Leucovorin 10 mg/d PO) or Sulfadiazine 2000–4000 mg/d (in 2–4 divided doses) PO
Varicella zoster virus	Significant exposure to chickenpox or shingles in a patient with no history of immunization or prior exposure to either	Varicella zoster immune globulin, IM, within 10 d of exposure (1-800-843-7477)	Acyclovir 800 mg PO 5 \times day for 5–7 days or Valacyclovir 1 g PO tid for 5–7 days
<i>Cryptococcus neoformans</i>	Prior documented disease May stop prophylaxis if CD4+ T cell count >100/ μ L, no evidence of active fungal infection, and HIV RNA levels <500 copies/mL for >3 months	Fluconazole 200 mg/d PO	Itraconazole 200 mg/d PO
<i>Histoplasma capsulatum</i>	Prior documented disease or CD4+ T cell count <150/ μ L and high risk (endemic area or occupational exposure) May stop prophylaxis after 1 year if CD4+ T cell count >150/ μ L and patient on cART for \geq 6 months	Itraconazole 200 mg bid PO	Fluconazole 400 mg/d PO
<i>Coccidioides immitis</i>	Prior documented disease or positive serology and CD4+ T cell count <250/ μ L if from a disease endemic area. (For this indication prophylaxis can be stopped if CD4+ T cell count \geq 250 for 6 months.)	Fluconazole 400 mg/d PO	
<i>Penicillium marneffei</i>	Prior documented disease Patients with CD4+T cell counts <100 who live or stay in northern Thailand, Southern China, or Vietnam May stop secondary prophylaxis in patients on ARV therapy with CD4+ T cell count >100/ μ L for \geq 6 months	Itraconazole 200 mg/d PO	Fluconazole 400 mg PO once weekly
<i>Salmonella</i> species	Prior recurrent bacteremia	Ciprofloxacin 500 mg bid PO for \geq 6 months	
<i>Bartonella</i>	Prior infection May stop if CD4+ T cell count >200/ μ L for >3 months	Doxycycline 200 mg/d PO or Azithromycin 1200 mg weekly PO or Clarithromycin 500 mg bid PO	
Cytomegalovirus	Prior end-organ disease May stop prophylaxis if CD4+ T cell count >100/ μ L for 6 months and no evidence of active CMV disease Restart if prior retinitis and CD4+ T cells <100/ μ L	Valganciclovir 900 mg bid PO	Cidofovir 5 mg/kg every other week IV + Probenecid or Foscarnet 90–120 (mg/kg)/d IV
Immunizations Generally Recommended			
Hepatitis B virus	All susceptible (anti-HBc- and anti-HBs-negative) patients	Hepatitis B vaccine: 3 doses	
Hepatitis A virus	All susceptible (anti-HAV-negative) patients	Hepatitis A vaccine: 2 doses	
Influenza virus	All patients annually	Inactivated trivalent influenza virus vaccine 1 dose yearly	Oseltamivir 75 mg PO qd or Rimantadine or amantadine 100 mg PO bid (influenza A only)
<i>Streptococcus pneumoniae</i>	All patients, preferably before CD4+ T cell count \leq 200/ μ L	Pneumococcal conjugated vaccine (13) 0.5 mL IM \times 1 followed in 8 weeks or more by pneumococcal polysaccharide vaccine (23) if CD4+ T cell count >200/ μ L	

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