Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents

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What's New in the Guidelines

Updates to the Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents

The Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV Infected Adults and Adolescents document was published in an electronic format that could be easily updated as relevant changes in prevention and treatment recommendations occur.

The editors and subject matter experts are committed to timely changes in this document because so many health care providers, patients, and policy experts rely on this source for vital clinical information.

All changes are developed by the subject matter groups listed in the document (changes in group composition are also promptly posted). These changes are reviewed by the editors and by relevant outside reviewers before the document is altered. Major revisions within the last 6 months are as follows:

October 18, 2017

1. **Candida:** This section was updated a) to include isavuconazole as a treatment option for patients with uncomplicated esophageal candidiasis, b) to highlight the results of a study describing complications from fluconazole use during pregnancy, and c) to incorporate statements regarding the occurrence of infections by non-*albicans Candida* strains, the presence of drug-drug interactions and absorption considerations with posaconazole, and the importance of ART/immune restoration in preventing mucosal candidiasis.

August 10, 2017

1. **Bacterial Enterics:** This revision highlights new data from the CDC Health Advisory Network (April, 2017) indicating growing concern over fluoroquinolone resistant in *Shigella* isolates. Fluoroquinolones should only be used to treated *Shigella* isolates when the MIC<0.12 ug/ml. Reflex cultures of stools positive for *Shigella* spp. by culture-independent diagnostic tests is required for antibiotic sensitivity testing.

August 3, 2017

1. **Hepatitis B Virus:** This section was updated to include TAF/FTC as a treatment option for patients with HBV/HIV coinfection. Data on the virologic efficacy of TAF for the treatment of HBV in persons without HIV infection and TAF/FTC in persons with HBV/HIV coinfection are discussed.

   The Panel no longer recommends adefovir or telbivudine as options for HBV/HIV coinfected patients, as there is limited safety and efficacy data on their use in this population. In addition, these agents have a higher incidence of toxicities than other recommended treatments.

July 25, 2017

1. ***Pneumocystis* Pneumonia:** Sections of the *Pneumocystis* guidelines have been updated to modernize some of the language and to more closely reflect the standard of care in 2017, which includes early cART initiation for all patients. In addition, suggested criteria for stopping both primary and secondary prophylaxis in patients with HIV viral loads below detection limits and CD4 counts between 100 and 200 cells/mm^3 are provided.
2. ***Toxoplasma gondii* Encephalitis:** Sections of the toxoplasmosis guidelines have been updated to modernize some of the language and to more closely reflect the standard of care in 2017, which includes early cART initiation for all patients. Greater detail is provided on management of toxoplasmosis during

pregnancy. In addition, suggested criteria for stopping primary prophylaxis in patients with HIV viral loads below detection limits and CD4 counts between 100 and 200 cells/mm^3 are provided.

3. **Table 1, Table 2 and Table 4:** Updated to reflect the changes in the sections.

July 6, 2017

1. **Progressive Multifocal Leukoencephalopathy/JC Virus Infection:** Evolving work on clinical PML management has allowed some clarification about the value and use of CSF PCR DNA detection, emphasizing the use of highly sensitive assays that are required to optimize sensitivity of CSF testing for JC virus and its specificity to the setting of PML. Also of interest is work demonstrating increases in JC-specific IgG with the onset of PML, recognizing that mere detection of JC antibodies is not generally helpful because of the high prevalence of JC antibodies in the population. A subtle but important evolution of understanding of PML management is that immune reconstitution inflammatory syndrome (IRIS) is common, and when severe may be life-threatening in itself, leading to recommendation of corticosteroid use when it is suspected to be driving post-immune reconstitution clinical deterioration. Many references were also updated in this revision to reflect the most recent reports about PML detection and treatment.

May 18, 2017

1. **Tuberculosis:** In this revision, the epidemiology, diagnosis, and treatment sections for latent TB infection and TB disease were updated to include more recent statistics, diagnostic tests (e.g., IGRAs, Xpert MTB/RIF assay, LAM) and data regarding treatment (e.g., 3HP, when to start ART, new drugs for treatment of drug-resistant TB). In addition, Table 1, Table 2 and Table 3 were updated to include preferred and alternative treatment regimens, and drug-drug interactions with commonly used medications.

March 28, 2017

1. **Malaria:** The epidemiology and treatment sections were updated to include more recent statistics and data regarding treatment. Recently, Table 5 was updated to add potential drug interactions between anti-malarial medications and commonly used medications, including hepatitis C direct acting agents, antibiotics, and antifungals.

March 13, 2017

1. **Table 5** has been updated with the following key modifications:
   a. Antiretroviral drugs are removed from this table; clinicians should refer to the Adult and Adolescent Antiretroviral Treatment Guidelines' Drug Interaction section to review potential interactions and recommendations for when OI drugs are used concomitantly with certain antiretroviral drugs.
   b. Drugs used for the treatment of hepatitis C virus infection and malaria are added to this table.
2. **Table 6** has been updated with the inclusion of adverse effects associated with drugs for the treatment of hepatitis C virus infection and malaria.