



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:

November 10, 2016

1. **Coccidioidomycosis:** The guideline was rewritten to update recommendations for various types of coccidioidomycosis. It emphasizes that in HIV-infected persons with CD4 counts $>250/\mu\text{L}$, coccidioidomycosis can be managed in the same manner as in those without HIV infection. The triazole antifungals fluconazole and itraconazole remain the mainstays of treatment. Antiretroviral therapy in patients with coccidioidomycosis should not be delayed because of concern for immune response inflammatory syndrome.

August 17, 2016

1. **Cryptococcosis:** In this revision, new data is cited that found that there was no improvement with the addition of a six-week tapering course of dexamethasone to antifungal therapy among African and Asian patients with cryptococcal meningitis. This supports the current guideline recommendations to not use corticosteroids in cryptococcal meningitis in the absence of the immune response inflammatory syndrome.