



Guidelines for the Prevention and Treatment of Opportunistic Infections Among HIV-Exposed and HIV-Infected Children

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What's New

After the 2013 full guidelines release, Panel on Opportunistic Infections in HIV-Exposed and HIV-Infected Children (the Panel) modified its process so that individual sections would be published as they were updated, allowing for more timely appearance of new recommendations. Each section will be marked with the date of its last update and the summary of changes will be listed below. For a full description of the *Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Exposed and HIV-Infected Children*, see the updated Summary.

Additionally, the evidence review and recommendation rating system underwent major changes; this new approach is incorporated into sections as they are individually updated. As a result, topics not yet updated since the 2013 release reflect the former rating system, and sections updated since 2013 use a newer, modified GRADE system. A description of the methods of collecting and synthesizing evidence and formulating and rating recommendations appears in the [Background and Recommendations Rating Scheme](#) section.

Major section revisions within the last 12 months are as follows:

1. **[Human Herpesvirus 8](#)**: A new graded recommendation has been added recommending that chemotherapy, along with continuation of ART, be provided to children with Kaposi sarcoma-related immune reconstitution syndrome. This recommendation is based on studies in HIV-infected adults with Kaposi sarcoma-associated immune reconstitution syndrome that found that addition of chemotherapy to ART was associated with reduced mortality compared with ART alone.
2. **[Microsporidiosis](#)**: A graded recommendation has been added recommending use of systemic fumagillin (where available) in addition to ART for microsporidiosis caused by *Enterocytozoon bieneusi* and *Vittaforma corneae*. The recommendation for use of oral albendazole in addition to topical fumagillin for keratoconjunctivitis has been limited to infections caused by microsporidia other than *Enterocytozoon bieneusi* and *Vittaforma corneae*, because of lack of activity of albendazole against these species.